

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

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 122	A follow up survey was conducted on 7/16/21. All deficiencies have been corrected however new deficiencies were cited. CLIENT PROTECTIONS CFR(s): 483.420 The facility must ensure that specific client protections requirements are met.	W 122			
W 149	This CONDITION is not met as evidenced by: The facility failed to implement procedures that prohibit neglect of clients (W149). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated services of client protection to its clients. STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure procedures were implemented to prevent neglect and ensure client safety for 2 of 2 audit clients (#4 and #6). The finding is: Interview on 7/16/21 at 7:45 AM with Staff A, when opening the door revealed the home was currently being treated for bed bugs. Staff A	W 149			

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.

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

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 149	<p>Continued From page 1</p> <p>revealed on 7/16/21 that there had been live bed bug activity in clients #4 and #5 bedroom for a month and that an exterminator had visited the home last month to treat the areas. Originally the activity room also had bed bugs, but the facility removed the sofa and has not seen bed bugs in the activity room anymore. Staff A indicated that client #4 had not been moved from his bedroom or received a new mattress. Staff A further stated that the exterminator reportedly told the facility to not move or replace the furniture. Staff A said currently there was less activity with bed bugs in the clients' rooms.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) on 7/16/21 revealed that the issue with bed bugs resurfaced in the home a month ago. The home was treated twice, with the last treatment occurring on 7/1/21. The interval for treatments were approximately 10 days and there has been no scheduled service with the exterminator in July. The home received monthly bed bugs inspections. The QIDP said that normally the facility evacuated clients to a hotel when treating for bed bugs. On 6/14/21, the QIDP recalled that the exterminator did a spot treatment in the areas that were accessible. The facility did not remove any items from the rooms. The QIDP revealed that the Program Director (PD) ordered a new mattress for client #4 but it was taken longer then expected for the delivery. The sofa in the activity room was removed. The QIDP suggested that the mattress was not removed from the home, since it was a longer distance from the front door and to avoid traveling through the home.</p> <p>In a continued interview with the QIDP on 7/16/21 she shared that the facility only relocates clients</p>	W 149			

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

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 149	<p>Continued From page 2</p> <p>to a hotel for insects that sting or if the bed bug treatment required heat. To her knowledge, the QIDP did not know of any formal request to relocate the clients from the home or to other rooms in the home.</p> <p>The PD was interviewed on 7/16/21 and revealed that the exterminator did not recommend a heat treatment for the home and the activity was isolated to client #4's area, Room 5. The PD was present at the home two weeks ago, when the home was treated by the exterminator and was informed that there were not a lot of bed bugs found in the home. client #4 had an iron bed frame, therefore replacing his bed was not necessary. The PD stated that she understood changing the mattress and box spring would help get rid of the bed bugs. The PD stated that the exterminator also told her to keep the mattress cover in place. The PD stated that they only relocate clients if there was bed bug activity all over the house and this was not the case. The PD could not explain why clients #4 and #5 were left to sleep in bedrooms with live bed bugs activity for months.</p> <p>The exterminator account manager was interviewed on 7/16/21 and revealed that the home has been treated for live bed bugs activities since 3/19/21. The treatment was first initiated for the Room 5 and the activity room. On 5/26/21 heavy infestation of bed bugs was found in Room 6, with carpet treatment in his room and the beds were treated for both clients #4 and #5's bedrooms. On 6/29/21 there was live activity of bed bugs found on the mattresses and baseboards in the rooms of clients #4 and #6. The exterminator recommended that all mattresses needed encasements and the</p>	W 149			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 149	<p>Continued From page 3</p> <p>mattress for Room 6 needed to be discarded due to heavy activity of bed bugs and holes in the encasement. The exterminator had a scheduled appointment to treat the home this afternoon.</p> <p>A record review on 7/16/21 of the Exterminator's report revealed the following details:</p> <p>Invoice #4171708 on 3/19/21 indicated live activity found of bed bugs during inspection in Room 5 on walls, also bed frames and in activity room on couch. Treated bed frame, recliner chair and baseboard ceiling of walls in Room 5 also treated Tuff folds seams and edges on chair and sofa in activity room and baseboards.</p> <p>Invoice #4195359 on 4/23/21 indicated live activity of bed bugs found in Room 5 during inspection on bed frame and baseboards.</p> <p>Invoice #4221234 on 5/26/21 indicated live bed bug activity located during inspection in Room 5 and 6. Room 6 has heavy infestation of bed bugs. Treated beds in Room 5 and 6 where activity was seen; also treated carpet area in Room 6 only.</p> <p>Invoice #4236064 on 6/14/21 indicated liquid bed bug service for Room 5 and 6 plus activity room.</p> <p>Invoice #4246794 on 6/29/21 indicated live activity of bed bugs seen during inspection in Room 6 and Room 5 on mattresses. Treated seams and edges of mattresses and both rooms' baseboards. Also treated carpet in Room 6. Recommended that all mattresses needs encasements and mattress in Room 6 needs to be discarded due to heavy activity of bed bugs and holes in the encasement.</p>	W 149			

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

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 149	<p>Continued From page 4</p> <p>Invoice #4257662 on 7/16/21 indicated live activity of bed bugs found in Room 5 on corner bed frame during inspection. Places that were treated at time of service were Room 5 bed frame and baseboards. Also treated bed frame and baseboards in Room 6 where bed bug activity was seen on last service. Also recommended that Rooms 5 and 6 have new mattress encasements to help prevent bed bug activity.</p> <p>The exterminator was onsite at the facility on 7/16/21 and was interviewed. The exterminator revealed that he had photos of bed bugs activity in the home as well as notes after each service available for review. The exterminator stated that he conducts a thorough inspection of the home, except for the room of client #2 which was not accessible, because the client was always in bed during his visits. He did not know if the room of client #2 had any bed bugs. The exterminator said that he saw dead bed bugs on the floor of Room 6 last month but significant bed bugs activity in Room 5. When he treated the home in June, he found the mattress in poor condition for Room 6 with torn encasement cover and fecal matter of bed bugs at the corner of the mattress.</p> <p>A continued interview on 7/16/21 with the exterminator after treatment revealed that none of the mattresses or encasements in Rooms 5 or 6 had been replaced, as previously recommended. He did not see bed bugs in the activity room or Room 6, however still saw live bed bugs in Room 5. The exterminator also stated that the clients should not return to their bedrooms for 4 hours after the room is treated.</p> <p>A continued interview on 7/16/21 with the PD revealed that she identified client #4 residing in</p>	W 149			

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

PRINTED: 07/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/16/2021
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 149	<p>Continued From page 5</p> <p>Room 5 and client #6 residing in Room 6. The PD emphasized that client #4's bedroom had always been the focus of bedbugs activity this year. The PD further stated that she had not considered relocating clients #4 and #6 to other areas to the house but she "could make that happen today." The PD indicated that an air mattress would be placed in the activity room for client #4. The PD had contacted the furniture supplier today and learned the mattress ordered would not arrive for another 2-3 weeks.</p> <p>The facility confirmed there were live bed bugs in client #4 and #6 bedrooms and were being treated by an exterminator for over the past several months. The facility further stated they had not considered relocating the clients to other areas of the home or to a hotel during this time. The facility's failure to remove client #4 and #6 from their bedrooms while experiencing live activity of bed bugs for over 4 months prohibited client safety and resulted in negligence.</p>	W 149			