

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G329	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ JUN 30 2021 B. WING _____ Lic & Cert. Section		(X3) DATE SURVEY COMPLETED 06/15/2021
NAME OF PROVIDER OR SUPPLIER KIMBERLY ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 1503 KIMBERLY ROAD NEW BERN, NC 28562		
(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 454	<p>INFECTION CONTROL CFR(s): 483.470(l)(1)</p> <p>The facility must provide a sanitary environment to avoid sources and transmission of infections.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>A. During observations in the home on 6/14/21 from 3:52pm through 5:05pm, client #6 was observed sitting at the dining room table with a plastic microphone in her hand, flash cards and big Styrofoam blocks on the table in front of her. Client #6 touched the flash cards, held the microphone to her mouth and repeatedly used the Styrofoam blocks to make things with. Throughout the observations, client #6 drooled and nasal discharge would drip out of her nose onto the objects. At 5:05pm, client #4 gathered all the Styrofoam blocks and put them in their plastic bag and put the bag in the closet, and Staff D put the flash cards in a box and put the box in the closet. The activity objects were not cleaned after being used.</p> <p>Interview on 6/15/21 with the Qualified Intellectual Disabilities Professional (QIDP) and the Home Manager (HM) confirmed the objects should have been cleaned and sanitized after client #6 had drooled/dripped nasal discharge on them.</p> <p>B. During observations in the home on 6/14/21, client #6 was sitting at the table, drooling and with nasal discharge coming from her nose. At</p>	W 454	<p>W 454 A: Staff will be in-serviced by 7/15/21 on how to sanitize flash cards, foam blocks, and other items used for active treatment after each use. QIDP or designee will provide the in-service.</p> <p>Residential Manager or QIDP will randomly monitor active treatment a minimum of once weekly and document on the Sanitation of Items for Active Treatment Observation Form to ensure staff sanitize items used for active treatment for 3 months with 100% compliance as the overall goal. RM or QIDP will send form to DPO to review after each random weekly monitoring. If after 3 months this goal is not met, monitoring will be re-evaluated and adjusted accordingly.</p> <p>W 454 B: Staff will be in-serviced by 7/15/21 on the proper way to clean hands, nose, and mouth utilizing separate towels/napkins/tissue. QIDP or designee will provide the in-service.</p> <p>Residential Manager or QIDP will randomly monitor active treatment a minimum of once weekly and document on the Sanitation of Items for Active Treatment Observation Form to ensure staff sanitize items used for active treatment for 3 months with 100% compliance as the overall goal. RM or QIDP will send form to DPO to review</p>	7/15/21 10/31/21 7/15/21 10/31/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Louise Winstead, RN, Compliance Specialist — *06/25/2021*

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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W 454	Continued From page 1 4:45pm, Staff D used a napkin to clean the drool from client #6's hands. Staff D then handed client #6 the napkin and told her to wipe her nose. After wiping her nose, Staff D took the napkin from client #6 and used it to wipe client #6's mouth with. Interview on 6/15/21 with the QIDP and HM confirmed a clean napkin should have been used to wipe client #6's mouth. C. During observations in the home on 6/14/21 at 12:12pm, Staff B placed a plate of food on the table for client #6. During this time, client #5 was sitting in his wheelchair at the end of the table. Client #5 was observed to use his hand to feel around in the plate of food and take a piece of the sandwich that was cut into four equal pieces. Staff B was observed to get the plate of food off the table and put it on the kitchen counter. At 12:30pm, client #6 was observed to eat the plate of food. Interview on 6/15/21 with the QIDP and HM confirmed that the plate of food should have been thrown out and new food should have been prepared for client #6.	W 454	after each random weekly monitoring. If after 3 months this goal is not met, monitoring will be re-evaluated and adjusted accordingly. W454 C: Staff will be in-serviced by 7/15/21 that once food is prepared and placed on the table, if another person touches the food or plate, staff should remove the plate and remake the food. QIDP or designee will provide the in-service training. Residential Manager or QIDP will randomly monitor mealtime a minimum of once weekly and document on the Meal Observation Form to ensure there is no cross contamination for 3 months with 100% compliance as the overall goal. RM or QIDP will send form to DPO to review after each random weekly monitoring. If after 3 months this goal is not met, monitoring will be re-evaluated and adjusted accordingly.	7/15/21 10/31/21	
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 4 of 6 audit	W 460			

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W 460	<p>Continued From page 2</p> <p>clients (#1, #4, #5 and #6) received their specially prescribed diet as indicated. The findings are:</p> <p>A. During observations in the home on 6/14/21 at 12:33pm, client #5 was observed eating lunch. His lunch included a bologna and cheese sandwich, with two pieces of bologna on the sandwich, cut into bite size pieces.</p> <p>Additional observations in the home on 6/14/21 at 5:58p revealed client #5 eating dinner. His dinner included two turkey burgers, cut up into pieces. Several pieces of the turkey burgers were larger than 1" in size.</p> <p>Further observations in the home on 6/15/21 at 8:18am revealed Staff D putting three scoops of "Thick It" thickener into a plastic sippy cup. Staff D was observed to pour water into the cup, shake the cup for approximately 3 seconds, and give the cup to client #5. Between 8:19am and 8:28am, client #5 was observed to cough 9 times.</p> <p>Review on 6/15/21 of client #5's Individual Program Plan (IPP) dated 6/5/20 revealed a diet order that consists of regular diet with foods chopped into bite size (no larger than 1") pieces, double meats and proteins and liquids thickened to honey consistency.</p> <p>Interview on 6/15/21 with Staff A revealed the bologna used to make the sandwiches for lunch on 6/14/21 are thin, and two slices are considered one portion. Staff A confirmed that client #5's sandwich should have been made with 4 slices of bologna to give him the double portions of meat.</p> <p>Interview on 6/15/21 with the Qualified Intellectual Disabilities Professional (QIDP) and the Home</p>	W 460	<p>W 460 A: Staff will be in-serviced by 7/15/21 on all client's diet. QIDP or designee will provide the in-service training.</p> <p>Residential Manager or QIDP will randomly monitor mealtime a minimum of once weekly and document on the Meal Observation Form to ensure that all Individuals receive a nourishing, well-balanced diet including modified and specially prescribed diets for 3 months with 100% compliance as the overall goal. RM or QIDP will send form to DPO to review after each random weekly monitoring. If after 3 months this goal is not met, monitoring will be re-evaluated and adjusted accordingly.</p>	7/15/21	10/31/21

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

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W 460	Continued From page 3 Manager (HM) confirmed client #5's sandwich should have included double meats, the turkey burgers should have been cut into smaller pieces not to exceed 1" in size and the water should have been thickened to the honey consistency his diet order indicates. B. During observations in the home on 6/14/21 at 12:45pm, client #6 was observed eating a bologna and cheese sandwich. The sandwich was cut into 4 equal pieces. Additional observations in the home on 6/14/21 at 5:34pm revealed client #6 eating a turkey burger for dinner. The turkey burger was served to client #6 whole. Client #6 was observed to pick up the burger and eat it, eventually consuming about 2/3's of the burger, without any difficulty. Review on 6/14/21 of client #6's IPP dated 2/1/21 revealed a diet that consists of regular, meats cut into 1" bite size pieces. Interview on 6/15/21 with the QIDP and HM confirmed client #6's sandwich and turkey burger should have been cut into 1" bite size pieces as her diet indicates. C. During observations in the home on 6/14/21 at 12:18pm, client #4 was observed eating a bologna and cheese sandwich. The sandwich was cut into 4 equal pieces. Review on 6/15/21 of client #4's IPP dated 8/18/20 revealed a diet order of regular, all foods cut into 1/2" bite size pieces. Interview on 6/15/21 with the QIDP and HM confirmed client #4's sandwich should have been	W 460	W 460 B: Staff will be in-serviced by 7/15/21 on all client's diet. QIDP or designee will provide the in-service training. Residential Manager or QIDP will randomly monitor mealtime a minimum of once weekly and document on the Meal Observation Form to ensure that all Individuals receive a nourishing, well-balanced diet including modified and specially prescribed diets for 3 months with 100% compliance as the overall goal. RM or QIDP will send form to DPO to review after each random weekly monitoring. If after 3 months this goal is not met, monitoring will be re-evaluated and adjusted accordingly.	7/15/21 10/31/21	

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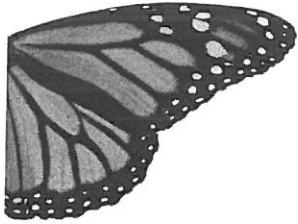
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W 460	Continued From page 4 cut into 1/2" pieces as indicated by her diet order.	W 460	<p>W 460 C: Staff will be in-serviced by 7/15/21 on all client's diet. QIDP or designee will provide the in-service training.</p> <p>Residential Manager or QIDP will randomly monitor mealtime a minimum of once weekly and document on the Meal Observation Form to ensure that all Individuals receive a nourishing, well-balanced diet including modified and specially prescribed diets for 3 months with 100% compliance as the overall goal. RM or QIDP will send form to DPO to review after each random weekly monitoring. If after 3 months this goal is not met, monitoring will be re-evaluated and adjusted accordingly.</p>	<p>7/15/21</p> <p>10/31/21</p>
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June 25, 2021

Justin Foster, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Recertification - Kimberly Road – June 14-15, 2021

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me directly at the number below.

Sincerely,

A handwritten signature in cursive script that reads "Louise Winstead, RN".

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

