

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

PRINTED: 08/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/26/2021
NAME OF PROVIDER OR SUPPLIER BLANCHE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6208 BLANCHE DRIVE RALEIGH, NC 27607		
(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>A revisit was conducted on 8/26/21 for deficiencies previously cited on 4/12 - 4/13/21. One deficiency was recited. The facility remains out of compliance.</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 programs were only conducted with the written informed consent of a legal guardian. This affected 2 of 2 audit clients (#1 and #6). The findings are:</p> <p>A. Review on 8/26/21 of client #1's Behavior Support Plan (BSP) dated 6/9/21 revealed objectives to exhibit 1 or fewer episodes of self-injurious behavior per month for 12 consecutive months and to exhibit 0 episodes of inappropriate verbalizations per month for 12 consecutive months. The BSP incorporated the use of Paroxetine ER. Additional review of the record did not reveal a signed written informed consent from the guardian for the current BSP.</p> <p>Interview on 8/26/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the written informed consent had been sent to the guardian; however, it had not been returned as of the date of the survey.</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.

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

PRINTED: 08/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/26/2021
NAME OF PROVIDER OR SUPPLIER BLANCHE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6208 BLANCHE DRIVE RALEIGH, NC 27607		
(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 263}	Continued From page 1 B. Review on 8/26/21 of client #6's BSP dated 6/9/21 revealed objectives to exhibit 0 episodes of non-compliance per month for 12 consecutive months, to exhibit 0 episodes of physical aggression per month for 12 consecutive months and to exhibit 0 or fewer episodes of stealing food per month for 12 consecutive months. The BSP incorporated the use of Lorazepam, Melatonin and Clonazepam. Additional review of the record reveal a signed written informed consent from the guardian for the current BSP. Interview on 8/26/21 with the QIDP indicated the written informed consent had been sent to the guardian; however, it had not been returned as of the date of the survey.	{W 263}			