

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

PRINTED: 09/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/13/2021
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501		
(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 154	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record reviews, the facility failed to conduct a thorough investigation of one allegation of abuse. This affected one client (#1). The finding is:</p> <p>During an interview with the management team on 9/13/2021, it was revealed that the facility conducted an inquiry/contact form regarding the allegation. They presented the contact form for review.</p> <p>Review of the documentation on 9/13/2021 revealed the facility conducted an advocacy "contact" which was not a thorough investigation. According to the documentation, the facility followed up on the allegation when the home manager notified Advocacy client #1's guardian called him and informed him that client #1 had reported he had been assaulted overnight. The inquiry revealed that Staff A questioned client #1 and that his story changed several times. Nursing was noted to have conducted a body check on client #1 at 11:25am that day and the event report revealed a small swollen area without hardness on his left forearm. However, it noted the event report was conducted after Staff B noticed a small bump on his forearm. The nurse noted this to be the "round swollen area</p>	W 154			

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.

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W 154	<p>Continued From page 1 without hardness to L forearm."</p> <p>Review on 9/13/2021 of the behavior support plan (BSP) dated 4/13/2021 revealed that client #1 had a tendency to make false allegations. It was addressed in the plan and identified criteria for not reporting to Advocacy. The conditions were as followed: "1) The statement is about something that has happened in present 'real time.' 2) There are witnesses present or contradictory information that confirms that the statement is false and 3) [client #1] appears to be injury free from visual observations." All three were not met but it was reported to Advocacy.</p> <p>Interview with the advocacy director on 9/13/2021 revealed, the advocacy department did not interview all staff or any clients due to the history of allegations from client #1. She stated that cameras were not located in the bedroom but could not answer why the cameras outside the bedroom were not reviewed to see if multiple staff entered his room that night. She further indicated that with contact forms, Health Care Personnel Registry and law enforcement are not contacted therefore no contacts to outside entities were made.</p>	W 154			