

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

PRINTED: 11/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2021
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD DURHAM, NC 27707		
(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	<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 1 of 3 audit clients (#2). The finding is:</p> <p>Review on 11/3/21 of client #2's individual program plan (IPP) dated 4/27/21 revealed he has target behaviors of physical aggression, property destruction, self-injurious behavior and inappropriate toileting. Further review revealed these target behaviors are addressed by a behavior support program (BSP) dated 7/1/21 which incorporated the use of several psychotropic medications which included the use of Geodon 40 mg. (1) pill which is administered in the morning with food. Review of the face sheet in client #2's record confirmed he is a minor and his Mother is listed as his legal guardian.</p> <p>Review on 11/3/21 of client #2's physician orders dated 10/1/21 revealed an order for Geodon 40mg. (1) " Take (1) capsule by mouth every morning with food."</p> <p>Further review on 11/3/21 of client #2's record revealed no written consent for the use of Geodon.</p> <p>Interview on 11/3/21 with the qualified intellectual disabilities professional (QIDP) revealed while she was out on medical leave, she contacted</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: 11/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2021
NAME OF PROVIDER OR SUPPLIER LYNN ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 515 LYNN ROAD DURHAM, NC 27707		
(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 client #2's guardian and client #2's guardian gave verbal consent to start Geodon 40 mg. on August 13, 2021. However, further interview with the QIDP confirmed that the team has not obtained written informed consent from client #2's legal guardian for the use of Geodon.	W 263			