

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

PRINTED: 12/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G115		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2021	
NAME OF PROVIDER OR SUPPLIER DARTMOUTH ROAD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 210 DARTMOUTH ROAD RALEIGH, NC 27606			
(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 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a drug used to manage client #3's inappropriate behaviors was used only as an integral part of her Individual Program Plan (IPP). This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 12/13/21 of client #3's IPP dated 2/18/21 revealed she does not have a behavior support program. Further review revealed client #3 does have a desensitization plan to deal with anxiety around physician appointments which include the use of Ativan 1 mg. which is given prior to client #3 attending Obstetric/Gynecology (OB/GYN) and dental appointments with strategies on how to reduce anxiety.</p> <p>Review on 12/13/21 of her physician orders dated 10/19/21 revealed client #3 receives Clonazepam 0.5 mg. at bedtime with instructions to take 1 tablet by mouth at bedtime to assist in sleep.</p> <p>Interview on 12/14/21 with the qualified intellectual disabilities professional (QIDP) and the Operations Manager (OM) revealed the use of Clonazepam is not included in an active treatment program to measure how effective the Clonazepam is in improving client #3's sleep at night.</p>			W 312			

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.