

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

PRINTED: 01/11/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/11/2022
NAME OF PROVIDER OR SUPPLIER KENWOOD DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 5004 KENWOOD DRIVE DURHAM, NC 27712		
(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 255	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(i)</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the qualified intellectual disabilities professional (QIDP) failed to ensure client #5's behavior support program (BSP) was changed in response to him meeting criteria for completion. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Review on 1/10/22 of client #5's BSP dated November 2020 revealed he has target behaviors of aggression and disruptive behavior. Review of the behavioral objective revealed he was required to have 0 target behaviors for 12 consecutive months. This program included the use of Clonazepam and Risperidone. Review on 1/11/21 of client #5's behavioral data from November 2020- December 2021 revealed he had 0 target behaviors in 13 months. For example:</p> <p>11/20: 0 12/20: 0 1/21: 0 2/21: 0 3/21: 0 4/21: 0 5/21: 0 6/21: 0 7/21: 0 8/21: 0 9/21: 0 10/21: 0</p>	W 255			

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 255	Continued From page 1 11/21: 0 12/21: 0 Interview on 1/11/22 with the QIDP revealed this behavioral support objective had been ongoing for 13 months and despite client #5 meeting criteria for completion on November 2021, this objective had not been modified. :	W 255		