

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

FORM APPROVED
OMB NO. 0938-0391

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| 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 |
|--|---|--|---|

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| NAME OF PROVIDER OR SUPPLIER BLANCHE DRIVE | STREET ADDRESS, CITY, STATE, ZIP CODE 6206 BLANCHE DRIVE RALEIGH, NC 27607 |
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| (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 {W 263} | <p>INITIAL COMMENTS</p> <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 000 {W 263} | <p>W 263 This deficiency will be corrected by the following actions:</p> <ul style="list-style-type: none"> A. The Clinical Supervisor will receive written informed consents of BSP's of all of the individuals in the home B. The Clinical Supervisor will reach out to the guardian of client # 1 and #6 to obtain temporary verbal consent while waiting for the return of written consent C. The Program Manager will ensure the consents of client #1 and #6 are received | 9/25/2021 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE Program Manager | (X6) DATE 8/24/2021 |
|--|---------------------------------|-------------------------------|

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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| 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} | | | |

August 31, 2021

Wilma Worsley-Diggs
Facility Consultant I
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718
919.612.5220 M
919.715.8078 F

Re: Survey Completed August 26, 2021
Blanche Drive Group Home
6208 Blanche Drive
Raleigh, NC 27607
Provider Number 34G083
MHL# -092-057

Dear Mrs. Worsley-Diggs

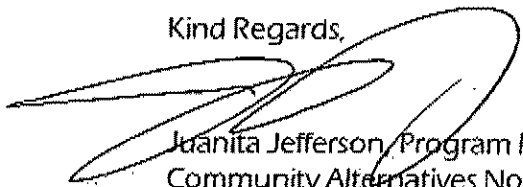
We appreciate the courtesy extended by you while surveying the Blanche Drive Group Home, North Carolina.

As Indicated the Plan of Correction, we have will have the deficiencies corrected for the Annual Survey Conducted on August 26, 2021 it will be completed by September 25, 2021.

We are committed to providing the highest possible care for the people we serve at Blanche Drive Group Home.

If you have any questions, please contact Cynthia Bradford, Associate Executive Director at 984.205.2630 ext. 238.

Kind Regards,



Juanita Jefferson, Program Manager
Community Alternatives North Carolina- Raleigh Region
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Raleigh, NC, 27609
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