

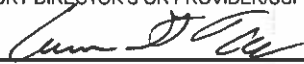
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2022
FORM APPROVE
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/01/2021
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NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530
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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	INITIAL COMMENTS	W 000		
W 153	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure allegations regarding lack of staff supervision relative to possible neglect was reported to the administrator and to external officials in accordance with state law. This affected 2 of 6 clients (#2 and #5). The finding is:</p> <p>Interview on 9/1/21 with the residential manager (RM) and the qualified intellectual disabilities professional (QIDP) revealed they were told by third shift staff on 7/27/21 that clients #2 and #5 had slipped into each others bedrooms on 7/26/21 on third shift and may be involved in an intimate relationship. It was also reported to the RM and QIDP that a third shift staff were sleeping and were not monitoring clients.</p> <p>Interviews on 9/1/21 with direct care staff A and B on 9/1/21 revealed there are cameras in the common areas of the facility but that clients #2 and #5 also need to be visually monitored to ensure they do not enter other residents</p>	W 153	<p>Habilitation Technician staff will be in-serviced on NOVA policies and procedures related to preventing and reporting consumer mistreatment, neglect, and abuse. This in-service training will be conducted by either the QIDP or the RSS (Residential Services Supervisor). Executive Director, Cameron Ford, will monitor to ensure that Habilitation Technicians are trained on NOVA's procedures and policies, which includes the importance of notifying supervisors of any suspected mistreatment, neglect, or abuse. Executive Director will also in-service the QIDP on the criteria for reporting incidents through the IRIS system. In this instance, an IRIS report was not made because a formal allegation was never made. Nonetheless, staff training will be provided.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 9/13/21
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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 153	<p>Continued From page 1</p> <p>bedrooms. Staff also confirmed client #5 has the target behavior of elopement and is monitored about every 15 minutes in the facility.</p> <p>Review on 9/1/21 of client #2's individual program plan (IPP) dated 7/9/20 revealed client #2 has a history of sexual inappropriate gestures, physical aggression, verbal aggression that is addressed by a Mental Health Program (MHP) "Across all settings [client #2] will have incident free days related to symptoms of DSM-5 Primary Psychiatric Disorder for 100/105 days." It is also noted in client #2's IPP that she does not consistently respect the privacy of her housemates. Further review of her program requires she is visually supervised and monitored frequently.</p> <p>Review on 9/1/21 of client #5's IPP dated 3/30/21 revealed she has a MHP that states across all settings she will have incident free days related to symptoms of physical aggression and elopement for 30 out of 35 days. Further review of her program requires she is visually supervised and monitored frequently.</p> <p>Further interview with the RM and the QIDP on 9/1/21 revealed they had not investigated this incident and management had not reviewed the camera footage in the common areas on that date. Additional interview revealed they had not completed an IRIS report to the health care personnel registry (HCPR) of these allegations. The QIDP stated she and the RM were the designated management staff responsible for investigating incidents. The QIDP stated however, facility management had failed to investigate this incident thoroughly, failed to notify the facility administrator as well as state and other local</p>	W 153		

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W 153	Continued From page 2 officials.	W 153			
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 review of records and interviews with staff, the facility failed to consider all sources of evidence to thoroughly investigate allegations of neglect to supervise 2 of 6 clients who may have engaged in sexually inappropriate behavior. This affected clients #2 and #5. The finding is:</p> <p>Review on 9/1/21 of an internal facility investigation dated 7/16/21 revealed client #2 made a remark to the facility nurse after an altercation with client #5 indicating she and client #5, who were roommates at the time, may have engaged in a sexual relationship. The allegations were investigated but the findings were unsubstantiated. The management team made a recommendation to separate clients #2 and #5 into different bedrooms. Client #5 has a separate bedroom and client #2 shares a bedroom with client #1.</p> <p>Interview on 9/1/21 with the residential manager (RM) and the qualified intellectual disabilities professional (QIDP) revealed they were told by third shift staff on 7/27/21 that clients #2 and #5 had slipped into each others bedrooms on 7/26/21 and may be involved in an intimate relationship. It was also reported to the RM and QIDP that a third shift staff was sleeping and not monitoring clients.</p> <p>Interviews on 9/1/21 with direct care staff A and B</p>	W 154	<p>Executive Director, Cameron Ford, will in-service QIDP and Consumer Affairs Coordinator regarding NOVA's policies and procedures related to conducted internal investigations. This staff training will include the importance of documenting whether or not camera footage was used as evidence and if not, why camera footage was not viewed. In this instance, administrators did view camera footage. However, since there was no formal allegation and no date of any incident given, camera footage related to the incident could not be found.</p>		

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W 154	<p>Continued From page 3</p> <p>on 9/1/21 revealed there are cameras in the common area of the facility but that clients #2 and #5 also need to be visually monitored to ensure they do not enter other residents bedrooms. Staff also confirmed client #5 has the target behavior of elopement and is monitored about every 15 minutes in the facility.</p> <p>Review on 9/1/21 of client #2's individual program plan (IPP) dated 7/9/20 revealed client #2 is adjudicated incompetent and assigned a legal guardian. Further review revealed client #2 has a history of sexual inappropriate gestures, physical aggression, verbal aggression that is addressed by a Mental Health Program (MHP) "Across all settings [client #2] will have incident free days related to symptoms of DSM-5 Primary Psychiatric Disorder for 100/105 days." It is also noted in client #2's IPP that she does not consistently respect the privacy of her housemates. Further review of her program requires she is visually supervised and monitored frequently.</p> <p>Review on 9/1/21 of client #5's IPP dated 3/30/21 revealed she is adjudicated incompetent and is assigned a legal guardian. Further review revealed she has a MHP across all settings she will have incident free days related to symptoms of physical aggression and elopement for 30 out of 35 days. Additional review of her MHP requires that she is visually supervised and monitored frequently.</p> <p>Further interview with the RM and the QIDP on 9/1/21 revealed they had not investigated this incident reported on 7/27/21 and management had not reviewed the camera footage in the common areas on that date. Additional interview</p>	W 154		

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W 154	Continued From page 4 revealed the RM and QIDP were the designated management staff responsible for investigating incidents involving safety concerns for clients, however management failed to investigate these allegations of neglect to supervise clients #2 and #5.	W 154			

00181

00500

FedEx Package
Express US Airbill

8111 7523 7702

0215 Form
10 No.

MUR 1

FedEx Copy

 Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

1 From Date 9/13/21 Sender's FedEx Account Number 2482-5599-4

Sender's Name Cameron Ford Phone 919 920-7391

Company NOVA

Address 2307 NORWOOD AVE STE C Dept./Floor/Suite/Room _____

City GOLDSBORO State NC ZIP 27534-1601

2 Your Internal Billing Reference

3 To Recipient's Name Kimberly McCaskill Phone _____

Company NC Division of Health Service Regulation

Address 2718 Mail Service Center Dept./Floor/Suite/Room _____

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address _____

Use this line for the HOLD location address or for continuation of your shipping address.

City Raleigh State NC ZIP 27699-2718

0125562924



8111 7523 7702

4 Express Package Service * To meet locations.

Next Business Day

06 ☒ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

01 ☐ FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

05 ☐ FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days

49 ☐ FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.

03 ☐ FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

20 ☐ FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

06 ☒ FedEx Envelope* 02 ☐ FedEx Pak* 03 ☐ FedEx Box 04 ☐ FedEx Tube 01 ☐ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

03 ☐ Saturday Delivery

☐ No Signature Required
Package may be left without obtaining a signature for delivery.

☒ Direct Signature
Someone at recipient's address may sign for delivery.

☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?
No box must be checked.

☒ No 04 ☐ Yes
As per attached Shipper's Declaration.

☐ Yes
Shipper's Declaration not required.

06 ☐ Dry Ice
Dry Ice, 9, UN 1845 x kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

1 ☒ Sender
Acct. No. in Section 1 will be billed.

2 ☐ Recipient

3 ☐ Third Party

4 ☐ Credit Card

5 ☐ Cash/Check

Obtain recip. Acct. No.

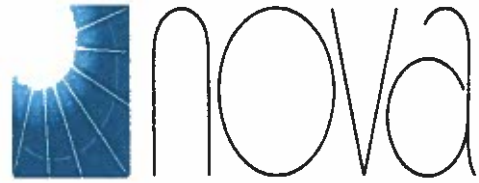
FedEx Acct. No. _____

Credit Card Acct. No. _____

Total Packages _____ Total Weight _____ Total Declared Value* _____

Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611



BEHAVIORAL HEALTHCARE CORPORATION

.....lighting the way to new beginnings

September 13, 2021

Certified Mail Tracking Number: 811 7523 7702

Kimberly C. McCaskill, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

Re: Complaint Investigation Survey on September 1, 2021
Airport Road Group Home, 195 Airport Road, Goldsboro, NC 27530
Provider Number : 34G176
MHL: 096-021
Complaint Intake: NC00179763

Dear Ms. McCaskill,

Attached you will find the plan of correction associated with your correspondence dated 9/3/21 along with the statement of deficiencies from the survey completed on 9/1/21. Please do not hesitate to contact me should anything else be needed.

Thank you,

A handwritten signature in black ink, appearing to read 'Cameron G. Ford'.

Cameron G. Ford, PhD
Executive Director
NOVA Behavioral Healthcare