

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

PRINTED: 08/18/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  08/17/2021
NAME OF PROVIDER OR SUPPLIER  CREST ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387		
(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 262	<p><b>PROGRAM MONITORING &amp; CHANGE</b> CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews the designated human rights committee (HRC), failed to review, approve and monitor the behavior support plan (BSP) which includes behavioral medications for 3 of 3 audit clients (#1, #2 and #5). The findings are:</p> <p>A. Review on 8/16/21 of client #1's individual program plan (IPP) dated 3/1/21 revealed he has a behavior support program (BSP) to address non-compliance, stealing, elopement, property destruction, profanity and aggression. Review on 8/16/21 of client #1's BSP dated 4/2/21 revealed this program incorporates the use of Methylphenidate, Clonidine, Ziprasidone and Depakote. Further review of this program did not reveal any signatures by the HRC.</p> <p>Interview on 8/17/21 with the qualified intellectual disabilities professional (QIDP) revealed she would look for the HRC signatures for client #1's BSP, however they were not located.</p> <p>B. Review on 8/16/21 of client #2's IPP dated 8/26/20 revealed she has a BSP to address behaviors of inappropriate touching, loud vocalizations, non-compliance and physical aggression. Review on 8/16/21 of client #2's BSP revealed this program incorporates the use of</p>	W 262	<p>The facility will ensure that the documentation of all Human Rights Committee reviews will be maintained in the facility. Documentation will be reviewed monthly by the Habilitation Specialist and quarterly by the QIDP.</p>	8/17/2021	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jaime Stone*

*QIDP*

*8/25/21*

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 262	Continued From page 1 Risperdal and Ativan. Further review of this program did not reveal any signatures by the human rights committee (HRC).  Interview on 8/17/21 with the QIDP revealed she would look for the HRC signatures for client #2's BSP, however they were not located.  C. Review on 8/16/21 of client #5's IPP dated 12/28/20 revealed he has a BSP dated 3/1/20 to address the inappropriate behaviors of non-compliance, self-injurious behavior, property destruction and inappropriate sexual behaviors. Further review of client #5's BSP revealed this program incorporates the use of Quetiapine, Fluoxetine, Clonazepam and Carbamazepine. Further review of this program did not reveal any signatures by the human rights committee (HRC).  Interview on 8/17/21 with the QIDP revealed she would look for the HRC signatures for client #5's BSP, however they were not located.	W 262			
W 322	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure 1 of 3 audit clients (#2) was referred her to a physician as recommended for contraceptive options. The finding is:  Review on 8/16/21 of client #2's physician notes dates 1/5/21 revealed her urgent care physician	W 322			

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W 322	Continued From page 2 recommended client #2 be referred to a family nurse practitioner for consideration of implantation of an intrauterine device (IUD) for contraception. Further review of her physician notes dated 1/5/21 revealed: " S: Appointment to establish new PCP, requesting contraceptive management, D: Vitals stable, P: Continue following with [name of psychiatrist]. Refer to [Name of family nurse practitioner] for consideration of IUD. Recheck PRN."  Review on 8/17/21 of client #2's physician notes and nursing notes revealed no further appointments or follow up.  Interview on 8/17/21 with the qualified intellectual disabilities professional (QIDP), the facility nurse and the habilitation specialist (filling in for the residence manager) revealed there had been no follow up on this recommendation since the appointment on 1/5/21.	W 322	All recommendations for referrals by physicians for preventative and general medical care for all clients have been addressed to include Client#2. All recommendations will be monitored for follow-up weekly by nurse, bi-monthly by Home Manager, monthly by Hab. Specialist and QIDP.	8/31/2021	All:
W 331	<b>NURSING SERVICES</b> CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 3 audit clients (#1 and 2) were provided nursing services in accordance with their medical needs. The findings are:  A) Review on 8/16/21 of client #2's physician notes dated 1/5/21 revealed her urgent care physician recommended client #2 be referred to a	W 331			

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W 331	<p>Continued From page 3</p> <p>family nurse practitioner for consideration of implantation of an Intrauterine device (IUD) for contraception. Further review of her physician notes dated 1/5/21 revealed: " S: Appointment to establish new PCP, requesting contraceptive management, D: Vitals stable, P: Continue following with [name of psychiatrist]. Refer to [Name of family nurse practitioner] for consideration of IUD. Recheck PRN."</p> <p>Review on 8/17/21 of client #2's nursing notes revealed client #2 had an office visit today. this was her first visit with an adult physician. The physician did a referral for her Depo Provera injection today. Nothing else done. Schedule appointment as needed. (It should be noted these notes were transcribed by the habilitation specialist as the Nurse has not been in the facility for several months because of COVID-19 concerns.)</p> <p>Review on 8/17/21 of client #2's physician notes and nursing notes revealed no further appointments or follow up.</p> <p>Interview on 8/17/21 with the qualified intellectual disabilities professional (QIDP), the facility nurse and the habilitation specialist (filling in for the residence manager) revealed there had been no follow up on this recommendation since the appointment on 1/5/21. Further interview with the nurse revealed she had not been in the facility for several months due to concerns of COVID-19 exposure and she was unaware of this recommendation.</p> <p>B) Review on 8/16/21 of client #1's physician notes dated 5/19/21 saw (name of physician), " Would like to decrease Risperdal. Need letter</p>	W 331	<p>All medication changes and/or recommendations will be addressed upon recommendation. Specifically though not limited to client # 1 medication change.</p> <p>Recommendations will be monitored weekly by Nurse, bi-monthly by Home Manager and monthly by Hab.Spec/QIDP.</p>	9/15/21

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W 331	Continued From page 4 about medication change.  Review on 8/17/21 of client #1's previous physician orders 3/1/21-5/1/21 revealed, "Risperdal 1 mg. Take 1 pill orally at bedtime."  Review on 8/17/21 of client #1's physician orders dated 5/17/21 revealed "Risperdal 1 mg. Take 1 pill orally at bedtime."  Interview on 8/17/21 with the facility nurse, the QIDP and the habilitation specialist (filling in for the residence manager) revealed the recommendation to lower client #1's Risperdal had not been completed. Further interview with the nurse revealed she had not been in the facility for several months due to concerns of COVID-19 exposure and she was unaware of this recommendation.	W 331			
W 336	<b>NURSING SERVICES</b> CFR(s): 483.460(c)(3)(iii)  Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.  This STANDARD is not met as evidenced by: Based on review of records and interview, nursing services failed to ensure quarterly nursing assessments were conducted in a timely manner for 3 of 3 sampled clients (#1, #2 and #5). The findings are:  A) Review on 8/16/21 of client #1's nursing notes revealed there were no nursing quarterly	W 336	By 8/17/2021 all quarterly nursing nursing assessments for all clients are located in their individual records Nursing quarterlies documentation will be monitored by Hab.Spec and QIDP monthly.	8/17/21	

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W 336	<p>Continued From page 5 assessments from 9/2020-8/2021.</p> <p>Interview on 8/17/21 with the facility nurse revealed she had not completed client #1's last quarterly assessment from 6/1/21-8/1/21. She stated she had completed assessments for the previous quarter, however these assessments could not be located.</p> <p>Interview on 8/17/21 with the facility nurse and the qualified intellectual disabilities professional (QIDP) revealed client #1's nursing quarterly assessments could not be located from 9/2020-8/2021.</p> <p>B) Review on 8/16/21 of client #2's nursing notes revealed there were no nursing quarterly assessments from 9/2020-8/2021.</p> <p>Interview on 8/17/21 with the facility nurse revealed she had not completed client #2's last quarterly assessment from 5/1/21-8/1/21. She stated she had completed assessments for the previous quarter, however these assessments could not be located.</p> <p>Interview on 8/17/21 with the facility nurse and the qualified intellectual disabilities professional (QIDP) revealed client #2's nursing quarterly assessments could not be located from 9/2020-8/2021.</p> <p>C) Review on 8/16/21 of client #5's nursing notes revealed there were no nursing quarterly assessments from 9/2020-8/2021.</p> <p>Interview on 8/17/21 with the facility nurse revealed she had not completed client #5's last quarterly assessment from 5/1/21-8/1/21. She</p>	W 336			

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W 336	Continued From page 6 stated she had completed assessments for the previous quarter, however these assessments could not be located.  Interview on 8/17/21 with the facility nurse and the qualified intellectual disabilities professional (QIDP) revealed client #5's nursing quarterly assessments could not be located from 9/2020-8/2021.	W 336			
W 369	<b>DRUG ADMINISTRATION</b> CFR(s): 483.460(k)(2)  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure all drugs were administered without error. This affected 2 of 3 audit clients (#1 and #2). The findings are:  A) Review on 8/17/21 of client #2's nursing notes dated 1/5/21 revealed client #2 had an office visit today. This was her first visit with an adult physician. The physician did a referral for her Depo Provera Injection today. Nothing else done. Schedule appointment as needed.  Review on 8/17/21 of client #2's physician orders dated 5/1/21-8/1/21 revealed an order, " Medroxyprogesterone (Depo Provera) 150mg. Inject 1 ml. (150mg.) into shoulder, thigh or buttocks every three months."  Review on 8/17/21 of client #2's physician orders dated 3/1/21-5/1/21 revealed an order,	W 369			

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W 369	<p>Continued From page 7</p> <p>"Medroxyprogesterone (Depo Provera) 150mg. Inject 1 ml. (150mg.) into shoulder, thigh or buttocks every three months."</p> <p>Review on 8/17/21 of nursing notes for client #2 did not reveal whether these injections had been scheduled to be given since the recommendation was made to start Depo Provera on 1/5/21.</p> <p>Interview on 8/17/21 with the facility nurse and qualified intellectual disabilities professional confirmed the order for Medroxyprogesterone (Depo Provera) 150mg. Inject 1 ml. (150mg.) every three months had never been scheduled to be given as ordered since January 5, 2021.</p> <p>B) During observations of the medication administration pass on 8/17/21 at 6:03am client #1 was administered Clonidine 0.1mg. (1), Divalproex 125mg. (1), Methylphenidate 10mg. (1) by mouth.</p> <p>Review on 8/17/21 of client #1's physician orders dated 8/1/21 revealed Clonidine 0.1mg. (1), Divalproex 125mg. (1), Methylphenidate 10mg. (1) by mouth. All medications given were ordered by the physician and recorded on the medication administration record to be given at 8:00am.</p> <p>Interview on 8/17/21 with the facility nurse revealed medications for clients can be administered an hour before they are ordered or an hour after they are ordered. Further interview she needed to be contacted about the deviation from these times so she could contact the physician. Additional interview on 8/17/21 at 10am revealed she had not been contacted by staff F who had administered medications.</p>	W 369	All staff will be in serviced on drug administration procedures and protocols. Implementation of procedures will be monitored weekly by Home Manager, bi-monthly by Nurse and monthly by Hab.Spec. and QIDP.	9/10/2021	



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W 435 W 435	Continued From page 8 SPACE AND EQUIPMENT CFR(s): 483.470(g)(1)  The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a variety of leisure supplies for 3 of 3 sampled clients (#1, #2 and #5). The finding is:  During afternoon observations on 8/16/21 from 3:45pm-7:00pm client #1 sat in his room on his bed and watched video, went to a housemates room to watch videos, play a computer game and participated in a walk outside. Client #2 sat in a chair or on the couch on the living room watching television and participated in a walk with her housemates.. Client #5 walked around the living room holding a book, watched television and participated in a walk with her housemates. Direct Care staff A and B were working in the facility.  Observation on 8/16/21 at 4:00pm under the television in the living area revealed several loose puzzle pieces that were lying on a shelf in a cabinet beneath the television. There was a Candyland game that was missing several pieces. There were also other games that were missing pieces and miscellaneous playing cards	W 435 W 435	The facility will ensure sufficient equipment and supplies are maintained in the facility for entertainment and leisure. The availability of equipment and supplies will be monitored by Home Manager bi-monthly and monthly by Hab-Spec and QIDP.	9/15/21	

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W 435	Continued From page 9 lying on the shelf.  Interviews on 8/16/21 with staff A and B revealed the residence manager (RM) is in charge of purchasing leisure supplies for the clients and keeping these organized so the clients in the facility can make choices about what activities they would like to participate in.  Interview on 8/16/21 with the habilitation specialist (HS) confirmed the RM is in charge of purchasing leisure supplies for the clients and keeping these supplies organized so the clients in the facility can make leisure choices about what activities they would like to participate in.	W 435			
W 436	<b>SPACE AND EQUIPMENT</b> CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure clients were taught to tolerate wearing their eyeglasses and assist in assuring their glasses were maintained in good repair. This affected 2 of 3 audit clients (#1 and #2) who were prescribed glasses. The findings are:  A) During observations in the home throughout the survey on 8/16-8/17/21, client #1 did not wear	W 436			

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W 436	<p>Continued From page 10</p> <p>eyeglasses when playing video games, reading instructions for video games, during mealtimes or when he watched television. Client #1 was not prompted or assisted to wear eyeglasses by staff working in the facility.</p> <p>Review on 8/17/21 of client #1's visual examination dated 5/17/21 revealed glasses prescription given, wear as needed.</p> <p>Interview on 8/17/21 with the qualified intellectual disabilities professional (QIDP), facility nurse and habilitation specialist revealed client #1's glasses are kept in the medication room. The habilitation specialist was able to locate client #1's glasses in the medication room.</p> <p>Further interview on 8/17/21 with the habilitation specialist (HS) revealed the team had not considered a training program to help client #1 tolerate wearing his glasses.</p> <p>B) During observations in the home throughout the survey on 8/16-8/17/21, client #2 did not wear her glasses when watching television or during mealtimes. Client #2 was not prompted or assisted to wear eyeglasses by staff working in the facility.</p> <p>Review on 8/17/21 of client #2's visual examination dated 10/23/20 revealed Myopic Astigmatism, New prescription for glasses given.</p> <p>Interview on 8/17/21 with the qualified intellectual disabilities professional (QIDP), facility nurse and habilitation specialist revealed client #1's glasses are kept in the medication room or in client #2's bedroom. The habilitation specialist was able to locate client #2's glasses in her bedroom drawer.</p>	W 436	<p>The team will ensure that all clients are furnished in good repair assistive equipment and taught to make informed choices and use . Specifically to include client #1 and client #2 wearing eyeglasses. Home manager will monitor daily and bi-monthly by Hab. Spec and monthly by QIDP.</p>	9/15/21

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G272</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/17/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREST ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 GREENHOUSE LANE SOUTHERN PINES, NC 28387</b>		
(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 436	Continued From page 11  Further interview on 8/17/21 with the habilitation specialist (HS) revealed the team had not considered a training program to help client #2 tolerate wearing her glasses.	W 436			