

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

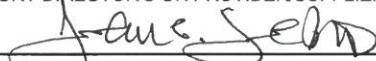
PRINTED: 10/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/12/2021
NAME OF PROVIDER OR SUPPLIER NORTH DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1216 NORTH DRIVE GOLDSBORO, NC 27534		
(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 218	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's Comprehensive Functional Assessment (CFA) included an updated assessment of his current sensorimotor development. This affected 1 of 5 audit clients. The finding is:</p> <p>During 3 of 3 mealtime observations in the home throughout the survey on 10/11 - 12/21, client #5 did not utilize any adaptive dining equipment or devices. The client consumed his food without difficulty.</p> <p>Observation on 10/11/21 of client #5's Safe Eating/Drinking Guidelines (dated 5/6/20) posted in the kitchen revealed, "Adaptive equipment per OT is provided at each meal and snack per orders. Weighted spoon."</p> <p>Review on 10/12/21 of client #5's record revealed he was admitted to the facility on 4/22/20. Additional review of the record revealed a single page containing various pictures of "adaptive eating utensils". The document noted, "Use weighted spoon in place of regular spoon to decrease shaking while eating."</p> <p>Review on 10/12/21 of client #5's Nutritional Evaluation dated 4/1/21 revealed, "Adaptive equipment per OT weighted spoon."</p> <p>Interview on 10/12/21 with Staff D revealed client #5 does have a weighted spoon in the home available for use; however, the client does not</p>	W 218	<p>The Nursing Supervisor will refer Consumer #5 to NOVA's Consulting Dietician for an assessment of the need for weighted dining/eating. Direct observation of Consumer #5 indicates that he no longer needs any adaptive protocols, and that this information came from an outdated OT Assessment shortly after he was injured.</p> <p style="text-align: center;">RECEIVED OCT 27 2021 DHSR-MH Licensure Sect</p>	12-10-21	

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

TITLE

(X6) DATE



CEO

10/23/21

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 218	Continued From page 1 use it. Interview on 10/12/21 with the Residential Support Supervisor (RSS) indicated client #5 has a weighted spoon which he continues to use during meals. Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed they have not seen a issue with client #5 at meals. Additional interview indicated the dietitian continues to include the weighted spoon on his assessment; however, the client does not appear to need it. The QIDP acknowledged client #5 may need to be reassessed to determine his need for adaptive dining utensils at meals.			W 218			
W 224	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Comprehensive Functional Assessment (CFA) for 2 of 5 audit clients (#3 and #4) included an assessment of their meal preparation/cooking skills. The finding is: During meal preparation observations in the home on 10/11/21 from 11:49am - 12:05pm, Staff A and Staff B completed meal preparation and cooking tasks without any client involvement. For example, the staff made bologna and cheese sandwiches, grilled the sandwiches on a griddle, used an electric can opener to open cans of			W 224	The QP and Program Director will review and update CFAs and IPPs to assure that sufficient detail relative to independence in home-living skills. Where additional training is indicated the QP will provide training and document this on NOVA's Inservice Training Form.		12-10-21

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W 224	<p>Continued From page 2</p> <p>soup, poured the soup into a bowl and heated it on the stove. During this time, client #3 was only prompted to set the table.</p> <p>During meal preparation observations in the home on 10/11/21 from 3:46pm - 5:37pm, Staff B completed various meal preparation and cooking tasks with minimal client involvement. During this time, client #3 added raw meat and ketchup to a bowl while client #4 added additional meat to a bowl, stirred for about 5 seconds and added butter and fruit topping to a cheesecake. Client #3 left the area at 4:13pm while client #4 remained in the kitchen until cooking tasks were completed. Throughout the observations, Staff B performed tasks such as mixing seasoning and eggs into raw meat, placing the meat on a pan, boiling water on the stove, measuring ingredients, completing tasks to make cheesecake, and completed tasks to make instant mashed potatoes. During this time, Staff A used an electric can opener to open three cans of cabbage and placed them in a pot on the stove.</p> <p>Interview on 10/11/21 with Staff B revealed when working in the kitchen with clients, they try to "teach them to be as independent as possible". Additional interview indicated what was observed is how the clients normally participate when helping in the kitchen.</p> <p>During an interview on 10/11/21 when asked if he likes helping in the kitchen, client #4 replied, "Yes."</p> <p>During an interview on 10/12/21 when asked if he likes helping in the kitchen, client #3 replied, "Yes." When asked what he likes to do when helping in the kitchen, client #3 replied,</p>	W 224			

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W 224	Continued From page 3 "Everything." Review on 10/12/21 of client #3's CFA dated 5/20/21 revealed no information regarding his meal preparation/cooking skills. Review on 10/12/21 of client #4's CFA dated 2/23/21 revealed he prepares simple snacks and sandwiches. The CFA did not include any other information regarding the client's skills and abilities during meal preparation/cooking tasks. Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 "is very good" in the kitchen while client #4 can complete various tasks as well. The QIDP acknowledged the CFA should be "based on their skill level".	W 224			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure data relative to the accomplishment of criteria identified in Individual Program Plan (IPP) objectives were documented in measurable terms. This affected 3 of 5 audit clients (#1, #3, and #6). The findings are: A. Review on 10/11/21 of client #1's IPP dated 1/14/21 revealed objectives to dust furniture in his	W 252	The QP will audit data books weekly to assure each one is up to date, and document this activity on a form for this purpose.		12-10-21

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W 252	<p>Continued From page 4</p> <p>bedroom for 8 consecutive data collections sessions for 6 months, to floss his teeth for 8 consecutive data collection sessions for one month, and to name his medical care givers for 8 data collections sessions monthly. Additional review of the client's objective training and data collection book revealed no data collection for the month of October '21, thusfar.</p> <p>B. Review on 10/11/21 of client #3's IPP dated 5/20/21 revealed objectives to complete a sink cleaning process in the bathroom for 8 consecutive data collections sessions for 6 consecutive months, to participate in the medication administration process and to complete the dental process for 10 consecutive data collection sessions monthly. Additional review of the client's objective training and data collection book revealed no data collection for the month of October '21, thusfar.</p> <p>C. Review on 10/11/21 of client #6's IPP dated 8/10/21 revealed objectives to clean the bathroom sink for 8 consecutive data collection sessions for one month, to name his medical caregivers for 8 consecutive data collection sessions for one month and to complete the dental hygiene process for 10 consecutive data collections sessions for 6 consecutive months. Additional review of the client's objective training and data collection book revealed no data collection for the month of October '21, thusfar.</p> <p>Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed data for all identified objectives had not been collected so far in October 2021 due to a miscommunication between staff.</p>	W 252			

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W 263 W 263	Continued From page 5 PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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. 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 3 of 5 audit clients (#1, #3 and #6). The finding is: A. Review on 10/11/21 of client #1's Mental Health Plan (MHP) dated 1/14/21 revealed the objective, "Across all settings, [Client #1] will have anxiety free days related to symptoms of his Primary Psychiatric diagnosis of Schizoaffective multiple episodes, continuous, specifically non-compliance for 165 of 170 days." The MHP incorporated the use psychiatric medications to address client #1's inappropriate behaviors. Additional review of the record did not reveal a current consent for the MHP. Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current consent had been obtained from client #1's guardian. B. Review on 10/11/21 of client #3's Mental Health Plan (MHP) dated 6/16/20 revealed the objective, "Across all settings, [Client #3] will have incident free days related to symptoms of Primary Psychiatric Diagnosis of Bipolar Disorder with Psychiatric features and secondary tantrum Explosive Disorder specifically for non-compliance for 80 of 85 days." The MHP	W 263 W 263	The Program Director, Clinical Director and QAC/Records Manager will create a more robust protocol for obtaining Consents and document this protocol on a form for this purpose. The QAC/Records Manager in conjunction with the QP will document all attempts to obtain Consents on this form.	12-10-21	

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W 263	Continued From page 6 incorporated the use psychiatric medications to address client #3's inappropriate behaviors. Additional review of the record did not reveal a current consent for the MHP. Interview on 10/12/21 with the QIDP confirmed no current consent had been obtained from client #3's guardian. C. Review on 10/11/21 of client #6's Mental Health Plan (MHP) dated 1/14/21 revealed the objective, "Across all settings, [Client #6] will have incident free days related to symptoms of his Primary Psychiatric diagnosis of Bipolar Disorder with psychiatric features, specifically non-compliance for 165 of 170 days." The MHP incorporated the use psychiatric medications to address client #1's inappropriate behaviors. Additional review of the record did not reveal a current consent for the MHP. Interview on 10/11/21 with the QIDP confirmed no current consent had been obtained from client #6's guardian.	W 263			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to implement the facility's current COVID-19 visitor screening process. The	W 340	All relevant staff have been retrained and received a Coaching Log specific to NOVA's COVID-19 Screening Protocol and received a Coaching Log to document this action, by the QP and RSS. The QP, RSS and Nursing Staff will monitor Staff to assure the COVID-19 Screening Protocol is adhered to.	12-10-21	

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W 340	<p>Continued From page 7 findings is:</p> <p>Upon arrival to the day program on 10/11/21 at 9:15am, a staff invited the surveyor into the building. The surveyor's temperature was not taken and no health screening questions were asked or forms presented for completion.</p> <p>Upon arrival to the home on 10/11/21 at 11:12am, two staff working (Staff A and Staff B) at the home did not take the surveyor's temperature and no health screening questions were asked or forms presented for completion. At 11:35am (23 minutes later), the facility's nurse arrived at the home and provided the surveyor with a COVID-19 screening form for completion and took the surveyor's temperature.</p> <p>Upon arrival to the home on 10/12/21 at 6:02am, Staff C invited the surveyor into the home. The surveyor's temperature was not taken and no health screening questions were asked or forms presented for completion. At 8:15am (2 hours and 13 minutes later), the Residential Support Supervisor (RSS) arrived at the home and took the surveyor's temperature and COVID-19 screening was provided.</p> <p>Interview on 10/11/21 with Staff B revealed she normally works at a different home and has only worked within the organization for about one month. The staff indicated she has been trained on visitor screening protocols.</p> <p>Review on 10/12/21 of a memo date 7/10/21 from the facility's Executive Director noted effective 8/2/21, "All visitors should be screened via COVID screening tool."</p>	W 340			

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W 340	Continued From page 8 Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed all visitors should have their temperature taken and the facility's COVID-19 screening tool should be presented for completion.	W 340			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure all specially-prescribed diets were followed as written. This affected 2 of 5 audit clients (#4 and #5). The findings are: A. During lunch observations in the home on 10/11/21 at 12:05pm, client #5 consumed a bologna and cheese sandwich. The sandwich was not cut. During dinner observations in the home on 10/11/21 at 5:37pm, client #5 consumed a thick slice of meat loaf. The meat loaf was not cut. During breakfast observations in the home on 10/12/21 at 8:07am, client #5 consumed two sausage links about the length and width of an average pinky finger. The sausage was not cut. Interview on 10/11/21 with Staff B and on 10/12/21 with Staff D revealed they follow a list of client's diets posted on a bulletin board in the	W 460	The Program Director and Nursing Staff will schedule a face-to-face meeting with the Consulting Dietitian to review and update each Consumer dietary needs.	12-10-21	

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W 460	<p>Continued From page 9 kitchen.</p> <p>Review on 10/12/21 of client #5's Nutritional Evaluation dated 4/1/21 and a list of client's diets posted in the kitchen indicated the client consumes a regular diet with "chopped meats".</p> <p>Interview on 10/12/21 with the Residential Support Supervisor (RSS) confirmed client #5 should have his food chopped prior to consumption to about the size of a penny.</p> <p>Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she was not sure if staff chop client #5's meats but they should not be whole.</p> <p>B. During dinner observations in the home on 10/11/21 at 5:37pm, client #4 consumed meat loaf, cabbage, mashed potatoes, a roll and cheesecake. At the dinner meal, the client asked for more meat loaf and was told he could not have second servings of meat loaf. Client #4 was not offered an extra serving of non-starchy vegetables or a tossed salad with dressing at dinner.</p> <p>Interview on 10/11/21 with Staff B and on 10/12/21 with Staff D revealed they follow a list of client's diets posted on a bulletin board in the kitchen.</p> <p>Review on 10/12/21 of client #4's IPP dated 2/23/21 and a list of client's diet posted in the kitchen of the home revealed the client may have "an extra 4 oz of plain/non-starchy vegetables or 1 cup tossed salad with 1 TBSP low calorie dressing at lunch and dinner..."</p>	W 460			

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W 460	Continued From page 10 Interview on 10/12/21 with the QIDP confirmed client #4's diet was current and should be followed at meals.	W 460			
W 473	MEAL SERVICES CFR(s): 483.480(b)(2)(ii) Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure all foods were served at an appropriate temperature. The finding is: During morning observations in the home on 10/12/21 at 7:34am, prepared foods and drinks were on the table as clients and staff waited for another client to finish dressing and take his medications. Cooked sausage, prepared toast, milk, juice, pitcher of hot water and packets of oatmeal were noted on the table. At 8:10am, the clients began consuming food and drink items. While using the pitcher of water to prepare his oatmeal, client #4 expressed to Staff D that his oatmeal was not hot. The staff assured the client the oatmeal was hot stating they could see smoke coming from the bowl. The temperature of the oatmeal or other food items was not taken and hot food were not reheated. Additional observations of documents posted on a refrigerator in the home noted, "Check and maintain proper temperatures. (hot foods 135 (degrees Fahrenheit) or above, cold foods 41 (degrees Fahrenheit) or below." Interview on 10/12/21 with the Residential Support Supervisor (RSS) revealed food has a wait time of 15 minutes and a temperature gauge is available to take the temperature of food items.	W 473	The QP and RSS will conduct an Inservice Training for all relevant to assure that NOVA's posted procedures regarding the temperature of foods is adhered to. Training will be documented on NOVA's Inservice Training Form.	12-10-21	

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W 473	Continued From page 11 Additional interview indicated staff should follow the guidance posted on the refrigerator regarding food temperatures. Interview on 10/12/21 with the Qualified Intellectual Disabilities Professional (QIDP) she was not sure but she thought the wait time on hot foods was "15 minutes". Additional interview confirmed staff should follow the information posted on the refrigerator of the home regarding food temperatures.	W 473			