

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

PRINTED: 10/01/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/29/2021
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306		
(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 214	<p>On 9/29/2021, A complaint survey was conducted for NC00181641. The allegations were not substantiated but unrelated deficiencies were cited.</p> <p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii)</p> <p>The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure 1 of 1 new admissions (client #1) received a behavioral assessment. The finding is:</p> <p>Review of client #1's record on 9/29/2021 revealed there was no behavioral assessment since admission on 8/18/2021.</p> <p>Review of client #1's record on 9/29/2021 revealed pre-admission assessments dated 3/7/2021. The assessments indicated a diagnosis of bi-polar with self-injurious behaviors. It also noted ADHD, anorexia and a history of oppositional defiant disorder</p> <p>Interview with the facility management on 9/29/2021 revealed the consulting psychologist was scheduled to come tomorrow to assess client #1. They were using pre-admission assessments. They indicated since placement they had seen some non-compliance but no other behaviors. Management confirmed the assessment should have been done within the first 30 days of placement. However, the scheduling of the psychologist didn't manifest compliance.</p>	W 214			

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

TITLE

(X5) DATE

[Handwritten Signature] *Director* 10/14/21

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 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the technique of medication use was an integral part of the individual program plan (IPP) for 1 of 1 newly admitted client (#1). The finding is:</p> <p>Review on 9/29/2021 of client #1's record revealed admission on 8/18/2021. He continued to receive the following medications for behaviors: The team met for interdisciplinary planning purposes and implemented social goals for acceptance of directions, not arguing, coping strategies to calm when frustrated. However, none of these goals incorporated the use of mediations to assist in behavior control: Levothyroxine 25mcg, Quetiapine Furnarate 100 mg and Clonidine HCL .1 mg.</p> <p>Interview on 9/29/2021 with management confirmed that client #1 continued on the same medications and the use of these were not incorporated into a behavior program. She indicated the psychologist is coming tomorrow to assess and write a program for client #1.</p>	W 312			
W 323	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i)</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by:</p>	W 323			

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W 323	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to assure physical exam (including vision and hearing) was conducted for 1 of 1 newly admitted client (#1). The finding is:</p> <p>Review on 9/29/2021 of client #1's record revealed admission on 8/18/2021. Since admission no physical exam has occurred. He did received a nursing assessment and his physical is scheduled.</p> <p>Interview on 9/29/2021 with the management team revealed client #1 was admitted over 30 days ago and no physical exam had been conducted.</p>	W 323			

No Place Like Home Group Home

W214...By October 29, 2021 our organization will have completed the required assessments for client#1 to include: Behavior Assessment, Habilitation Plan, annual physical with vision and hearing assessment. QDDP will monitor.

W312..By October 29, 2021 the Interdisciplinary team will ensure that client#1 has a Behavior Plan that incorporates the use of medications to assist in controlling behaviors as a part of his IPP. QDDP will monitor.

W323..By October 29, 2021 our organization will ensure that client#1 Has an annual physical that includes both vision and hearing evaluations. QDDP will monitor.