

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>09/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASWELL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 W. VERNON AVENUE KINSTON, NC 28501</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 000	INITIAL COMMENTS	W 000			
W 154	<p>A complaint survey was conducted on 9/13/2021 for intakes NC0018138, NC00180242, NC00181061. A deficiency was cited.</p> <p><b>STAFF TREATMENT OF CLIENTS</b> 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 interview and record reviews, the facility failed to conduct a thorough investigation of one allegation of abuse. This affected one client (#1). The finding is:</p> <p>During an interview with the management team on 9/13/2021, it was revealed that the facility conducted an inquiry/contact form regarding the allegation. They presented the contact form for review.</p> <p>Review of the documentation on 9/13/2021 revealed the facility conducted an advocacy "contact" which was not a thorough investigation. According to the documentation, the facility followed up on the allegation when the home manager notified Advocacy client #1's guardian called him and informed him that client #1 had reported he had been assaulted overnight. The inquiry revealed that Staff A questioned client #1 and that his story changed several times. Nursing was noted to have conducted a body check on client #1 at 11:25am that day and the event report revealed a small swollen area without hardness on his left forearm. However, it noted the event report was conducted after Staff B noticed a small bump on his forearm. The nurse noted this to be the "round swollen area</p>	W 154	<p><b>DHSR - Mental Health</b></p> <p><b>SEP 29 2021</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>All unknown injuries alleged as abuse will be thoroughly reviewed. All involved staff during the past 24 hours of the incident will complete initial statements regarding any knowledge of injury or alleged abuse.</p> <p>The facility conducted additional review for this case regarding client (#1) to include staff interview(s), and review of video to rule out evidence of abuse.</p> <p>All cases with unknown injuries alleged as abuse will be reviewed by Director of Advocacy, Program Director and Center Director to ensure thorough review of staff interview(s), witness statements, and video surveillance if applicable. Appropriate action will be taken to protect the resident(s).</p>	11/1/2021	

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



TITLE

Center Director 9/24/2021

(X6) DATE

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

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

FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  <b>CASWELL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 W. VERNON AVENUE KINSTON, NC 28501</b>
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W 154	<p>Continued From page 1 without hardness to L forearm."</p> <p>Review on 9/13/2021 of the behavior support plan (BSP) dated 4/13/2021 revealed that client #1 had a tendency to make false allegations. It was addressed in the plan and identified criteria for not reporting to Advocacy. The conditions were as followed: "1) The statement is about something that has happened in present 'real time.' 2) There are witnesses present or contradictory information that confirms that the statement is false and 3) [client #1] appears to be injury free from visual observations." All three were not met but it was reported to Advocacy.</p> <p>Interview with the advocacy director on 9/13/2021 revealed, the advocacy department did not interview all staff or any clients due to the history of allegations from client #1. She stated that cameras were not located in the bedroom but could not answer why the cameras outside the bedroom were not reviewed to see if multiple staff entered his room that night. She further indicated that with contact forms, Health Care Personnel Registry and law enforcement are not contacted therefore no contacts to outside entities were made.</p>	W 154		
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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**KODY KINSLEY** • Chief Deputy Secretary for Health  
**KAREN BURKES** • DSOHF Interim Director  
**STAN BUTKUS** • Center Director

September 24, 2021

Ms. Joy Alford, Facility Compliance Consultant I  
North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
2718 Mail Service Center  
Raleigh, NC 27699-2718

**Re: Complaint Investigation Survey – Completed on September 13, 2021**

Dear Ms. Alford:

On behalf of Caswell Developmental Center staff, I would like to thank you for a thorough survey. Enclosed you will find the Statement of Deficiencies Form (CMS-2567) reflecting the Plan of Correction for each cited deficiency. We feel that this plan represents a comprehensive center-wide commitment to further increasing the quality of services for our residents. I hope that you will find it to be acceptable. We look forward to your follow-up visit.

Please let me know if you have any questions regarding any of our responses.

Sincerely,

Stan Butkus  
Center Director

SB/jh

Enclosure

DHSR - Mental Health

SEP 29 2021

Lic. & Cert. Section

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • CASWELL DEVELOPMENTAL CENTER**

2415 West Vernon Avenue Kinston, NC 28504

COURIER 01-21-04

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