

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

PRINTED: 11/19/2021
FORM APPROVED
OMB NO. 0938-U391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	--	--	--

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE CREEDMOOR, NC 27522
---	---

(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 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of adaptive equipment for 1 of 4 audit clients (#1) and utilizing communication tools for 2 of 4 audit clients (#2 and #3). The findings are:</p> <p>A. During observations in the home during the medication administration on 11/9/21 at 9:00am, Client #1 received crushed medications inside a bowl containing applesauce. Staff A gave Client #1 a regular teaspoon to eat with and Client #1 ingested her medications.</p> <p>Review on 11/9/21 of Client #1's IPP dated 1/6/21 revealed that she used a 1 lb wrist weight and weighted utensils when eating.</p> <p>Interview with Staff A on 11/9/21 revealed that Client #1's weighted utensil and wrist weight should have been used when she ate.</p> <p>Interview with the qualified intellectual disabilities</p>	W 249	<p>A-The habilitation Specialist will inservice staff on clients #1 order to use weighted utensils and wrist weight during mealtime and medication time. The clinical team will complete medication assessment 2x week for 1 month and then on a routine basis to ensure staff are following orders for clients #1 use of weighted utensils and wrist weights. In the future the QIDP will ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP).</p> <p>B- The Habilitation Specialist will inservice staff on client #2 and #3 use of the communication book or using dry erase board when client #2 and #3 unable to read staff lips to communication. The clinical team will monitor through interaction assessment 2x week for 1 month and on a routine basis. In the future QP will ensure each client received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP).</p>	01/09/2022

RECEIVED
By DHSR Mental Health Licensure & Certification at 10:37 am, Nov 29, 2021

[Signature]
TITLE
11-24-21
(X8) DATE

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

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.

CENTERS FOR MEDIGARE & MEDICAID SERVICES

CMS NO. 0950-0001

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522
---	---

(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 249	<p>Continued From page 1</p> <p>professional (QIDP) on 11/9/21 revealed that Client #1 should use wrist weights and weighted utensils when she eats.</p> <p>B. Staff did not provide Clients #2 and Client #3 with their communication books.</p> <p>1. During observations at the vocational center on 11/8/21 at 12:15 pm, Client #1 ate lunch. There were no dry erase board or communication book made available for Client #2 to use. An additional observation in the home at dinner at 5:20pm, Client #2 did not have any communication tools available to communicate with others at the table. Client #2 could not read any staff's lips, while they were required face masks. On 11/9/21 at 9:05am, Staff B attempted to use some simple hand gestures to communicate with Client #2 before resorting to pulling down her face mask so that Client #2 could read her lips while she spoke to her. An additional observation at 9:10am, Client #2 attempted to communicate with the surveyor by verbalizing and using sign language. Client #2 did not have her communicate tools with her.</p> <p>Review on 11/9/21 of Client #2's IPP dated 8/24/21, revealed Client #2 should have access to a dry erase board where she can write down requests or staff can write their messages to her if she is unable to read their lips. Client #2 should have access to a communication book. Client #2 can use picture based communication to make her wants and needs known to staff. Staff can also use the pictures to communicate with Client #2 when she is unable to read lips.</p> <p>Interview with Staff A on 11/9/21 revealed that neither she or any other staff have been trained to use American Sign Language. Staff A revealed</p>	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522
---	---

(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 249	<p>Continued From page 2</p> <p>that staff allow Client #2 to read their lips or use her communication book or board to write them notes. Staff A indicated that Client #2's communication book and dry erase board was stored in the closet in the kitchen area. Staff A retrieved the communication book and gave it to client #2. Client #2 instantly started to use it to communicate with Staff A.</p> <p>Review on 11/9/21 revealed the facility conducted an In-service training on Client #2's communication book on 10/21/21. The training outline emphasized that staff can use pictures to communicate with Client #2 when she is unable to read lips.</p> <p>Interview with the QIDP on 11/9/21 revealed that the staff have been trained that the preferred method to communicate with Client #2 is to use her communicate books or using the dry erase board. Staff should not lower their masks to offer Client #2 an opportunity to read their lips.</p> <p>2. During observations at the vocational center on 11/8/21 at 12:15pm during lunch, Client #3 did not have her communication book available to her. An additional observation on 11/8/21 at 5:20pm, Client #3 did not have her communication book available to her during dinner. On 11/9/21 at 8:05am, Client #3 did not have her communication book available to her during breakfast.</p> <p>Review on 11/8/21 of Client #3's IPP dated 5/6/21 revealed that she had functional communication skills for her environment and was non-verbal. Staff had reported that Client #3 used made up sign language and makes choices by pushing things away or pointing. Client #3 had an ongoing</p>	W 249		
-------	---	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2021
NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522		
(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 249	Continued From page 3 goal to use a communication book to use her environment. Interview on 11/9/21 with Staff A revealed that Client #3's communication book was kept in the closet in the kitchen area. Interview with the QIDP on 11/9/21 revealed that staff were supposed to provide Client #3 with her communication book to aide in making needs known.	W 249			
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 that staff were sufficiently trained to ensure that staff were sufficiently trained to properly store perishable food used for medication administration for 1 of 4 audit clients (#1); operate a blood pressure device proficiently for 1 of 4 audit clients (#2); and follow hand hygiene guidelines to prevent cross contamination for 1 of 4 clients (#4). The findings are: A. During morning observations in the home during the medication administration on 11/9/21 at 8:35am, a broken seal cup of applesauce was on the counter in the medication room. There was no refrigerator located in the medication room. The surveyor remained in the medication room until 9:18am, when Client #1 entered to began	W 340	A, B, & C- The responsible nurse will in-service all staff on Client #' health and safety of ensuring all perishable foods should be refrigerated after being open. B- The responsible nurse will inservice all staff on the proper procedure of using blood pressure cuff when taking client #2 BP. C- The responsible nurse will inservice all staff on procedure of using hand sanitizer when during meal time and medication for client #4 & #2. Monitoring will be completed through Quarterly nursing and medication assessment 2x week for 1 months to ensure all staff are using hand sanitizer and refrigerator perishable foods when open. In the future, nursing will ensure all staff are trained on using blood pressure cuff, refrigerator perishable foods and hand hygiene too prevent cross contamination.	01/09/2022	

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

PRINTED: 11/19/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOR, NC 27522
---	--

(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 340	<p>Continued From page 4</p> <p>her medication pass. Staff A gave Client #1 a bowl of applesauce with the crushed contents of her medications. Client #1 ingested her medications, without incident.</p> <p>Interview on 11/9/21 with Staff A revealed that she brought the applesauce to the medication room when she started giving medications to some of the clients at 7:00am. Staff A acknowledged that the opened applesauce had not been refrigerated.</p> <p>Interview on 11/9/21 with the nurse revealed that perishable food should be refrigerated.</p> <p>B. During morning observations in the home during medication administration on 11/9/21 at 8:35am, Staff A placed a wrist blood pressure cuff on Client #2 to check her blood pressure (BP) before administering her medications to treat hypertension. The first time, the BP read 207/155 when taken on top of Client #2's left wrist. On the second attempt, the BP read 191/117 on top of Client #2's right wrist. Client #2 indicated she woke up with a headache. Staff A notified the nurse at 8:40am that the BP was high and was told to give Client #2 two pills as needed for pain and to recheck the BP. The third time the BP was taken, Client #2 sat with her legs crossed while it was taken. It was recorded at 135/69. Staff A called the nurse again who had asked if Client #2's legs were uncrossed, which they were not; the BP was taken for the fourth time and registered at 142/77 at 8:50am.</p> <p>Interview on 11/9/21 with the nurse revealed that staff are trained at hiring to take blood pressure with the Clients' feet flat on the ground, with legs uncrossed and with the reader on the cuff face up</p>	W 340		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522
---	---

(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 340	Continued From page 5 on the inside of the forearm.	W 340		
W 369	<p>C. During dinner observations in the home on 11/8/21 at 5:35pm, Staff C was observed to crumble a sugar cookie with her bare hands into a bowl for Client #4's dessert. Staff C was not observed to wash or sanitize her hands with a cleaner before handling the cookie. An additional observation on 11/9/21 during medication administration in the home from 8:35am-9:10am, Staff A did not use hand sanitizer in between Clients #2 and #4. There was no sink available in the medication room to clean hands.</p> <p>Interview on 11/9/21 with the nurse revealed that Staff C should have worn a glove before crumbling the cookie with her fingers. A further interview from the nurse revealed that Staff A should have sanitized her hands between clients.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>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 observation, record review and interview, the facility failed to administer medication for 1 of 4 audit clients (#1) without error. The finding is:</p> <p>During observations of medication administration in the home on 11/9/21 at 9:10am, Staff A contacted the nurse by telephone to inform her that she was giving the 8:00am medications late to Client #1. Staff A dispensed 11 oral medications to Client #1 until 9:25am. During the administration, Client #1 stepped out of the room</p>	W 369	<p>Nursing will in-service all staff on medication Administration to ensure staff are administering medication properly. Monitoring will take place through medication observation completed 2 times per week for the next 30days by Clinical Team to ensure medications are administered properly. In the future, Nursing will ensure staff are properly trained to administer medications without error.</p>	01/09/2022

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522
---	---

(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 369	<p>Continued From page 6</p> <p>several times, when she began to cough. At the end of the medication administration, Client #1 did not receive any breathing treatment.</p> <p>Review on 11/9/21 of Client #1's physician orders signed 10/1/21 read Pulmicort 0.25mg inhale contents in nebulizer twice a day, 8:00am and 8:00pm.</p> <p>Interview on 11/9/21 with the qualified intellectual disabilities professional (QIDP) revealed that she asked Staff A if she gave Client #1 Pulmicort 0.25mg this morning and learned that Staff A forgot to give it.</p>	W 369		
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #2 and #4) received specially-prescribed diets as indicated. The findings are:</p> <p>A. During observations in the home at dinner on 11/8/21 at 5:30pm, Staff C served Client 2 beef stroganoff that had clumps of ground beef and wide egg noodles that appeared to be 3/4" in size. The french green beans appeared to be 1/2" and the cubed bread appeared to be 3/4" in size. For desert, Client #2 received whole slices of Mandarin oranges. Client #2 ate dinner without incident.</p>	W 460	<p>The QP and nursing will inservice staff on each person's supported diet consistency per physician orders. The Clinical team will monitor diet consistencies are implemented as prescribed through mealtime assessment completed at least 2 x week for 1 month and than on routine basis. In the future the QP will ensure staff consistently implement each person supported PCP including their mealtime guidelines.</p>	01/09/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522
---	---

(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 460	<p>Continued From page 7</p> <p>Review on 11/8/21 of Client #2's individual program plan (IPP) dated 8/24/21 revealed her regular consistency diet should be cut into 1/4" pieces.</p> <p>B. During observations on 11/8/21 in the home at dinner at 5:40pm, Staff C took a sugar cookie broke it into uneven pieces and served to Client #4. Client #4 ate the cookies without incident.</p> <p>Review on 11/9/21 of Client #4's IPP dated 1/15/21 revealed her diet is heart healthy ground, mechanical soft consistency.</p> <p>C. During observations 11/9/21 in the home at breakfast at 7:15am, Staff B pureed a blueberry muffin for Client #1. The muffin had dark blue specks in the consistency. Client #1 ate the food without incident.</p> <p>Review on 11/8/21 of Client #1's IPP dated 1/6/21 revealed her diet was changed on 1/21/21 to a pureed diet with nectar thick liquid due to an aspiration precaution risk. An additional review of the facility's guidance of a pureed diet, dated 2010 read a blender or food processor is often needed to prepare pureed foods.</p> <p>Interview on 11/9/21 with the nurse revealed that all staff were trained how to prepare a mechanical diet properly. The nurse added that pureed food should be prepared in a blender or food processor.</p>	W 460		