

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

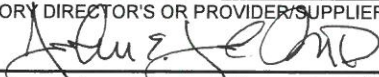
PRINTED: 12/16/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365	
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure all staff were sufficiently trained regarding the facility's smoking and cell phone usage policies. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5 and #6). The findings are:</p> <p>A. During observations at the day program on 12/13/21 from 10:40am - 10:55am, four staff from various homes, including one staff from the Daughtry Field home, smoked cigarettes out on a back covered patio area. As the staff smoked at a picnic table, five clients (#1, #2, #3, #5, and #6) were seated at another picnic table which was within arms reach of the staff who were smoking. Cigarette smoke was visible throughout the area and a strong smell of cigarette smoke was also noted near the table where the clients were seated.</p> <p>Review on 12/14/21 of the facility's Tobacco Free Facilities policy (last revised 11/18/08) revealed, "The Program Director for each program must designate an outside tobacco use area for each facility, to only be used by those users of tobacco who are 18 years and older."</p> <p>Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the designated smoking area at the day program is a "smoking hut" located at the back of the building and this is where staff should be</p>	W 189	<p>All Daughtry Field Staff will be inserviced on NOVA's Smoking Policy. Signage will be posted in this regard at both the McGlone Center (Day Service) and the Daughtry Field home. In addition, all Daughtry Field will be inserviced on NOVA's cell phone use policy. Members of the Leadership Council and the QP/IID will conduct weekly monitoring for compliance. Any Staff observed to be in violation of this policies will receive Coaching Logs and/or Reprimands. Violations of the cell phone use policy will result in the confiscation of the cell phone or placement of the premises, until the end of his/her shift, and returned at the end of their shift.</p> <p style="text-align: center;">DHSR - Mental Health DEC 28 2021 Lic. & Cert. Section</p>	02-11-22

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

TITLE

(X6) DATE



CEO

12/27/21

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 189	Continued From page 1 smoking. Additional interview indicated none of the clients in the home are smokers. The QIDP acknowledged non-smoking clients should not be in area or around others who are smoking. B. During observations at the day program on 12/13/21 from 10:40am - 12:30pm, Staff B periodically looked at, manipulated and/or swiped the screen on her personal cell phone. During observations in the home on 12/13/21 at 3:40pm, Staff A talked on her personal cell phone briefly in the kitchen of the home. Additional observations in the home on 12/14/21 revealed Staff B looking at, manipulating and/or swiping the screen on her personal cell phone. Review on 12/14/21 of the facility's Cell Phones & Other Electronic Devices (last revised 9/24/20) revealed, "It is the Policy of NOVA that on-duty Paraprofessional Staff are prohibited from bringing into the facility or using personal cell phones or other electronic device, this includes the use of earbud, earphones, AirPods and headphones."	W 189		
W 247	Interview on 12/14/21 with the QIDP confirmed the cell phone policy was current. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi) The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 4 audit clients (#2, #4, #5, and #6) were provided	W 247		

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W 247	<p>Continued From page 2</p> <p>opportunities for personal choice and self-management throughout their day. The findings are:</p> <p>A. During 3 of 3 meal/snack observations throughout the survey at the day program and in the home on 12/13 - 12/14/21, at the beginning of each meal/snack, Staff B consistently prompted clients to wait before starting to eat/drink. As clients attempted to pick up their food or drinks, Staff B and/or Staff A prompted them to wait. Staff B then shouted, "Y'all put your hands up!" Each client then pressed both hands in front of their face in a praying position as client #2 began to say grace without prompting. After client #2 recited the grace, the clients begin eating.</p> <p>Interview on 12/13/21 with Staff B revealed the clients always participate with saying grace before meals and client #2 is the only client who can talk so he says the grace each time.</p> <p>Review on 12/14/21 of client #2's IPP dated 12/23/20 indicated he has "definite opinions and preferences" and will verbalize them.</p> <p>Review on 12/14/21 of client #4's IPP dated 7/6/21 he requires assistance with choice and self-management skills.</p> <p>Review on 12/14/21 of client #5's IPP dated 2/16/21 revealed client #5 is "non-verbal but will communicate his wants/needs through oral vocalizations (echolalia) and gestures." The plan indicated he requires assistance with choice and self-management skills.</p> <p>Review on 12/14/21 of client #6's IPP dated 1/28/21 noted, "Encouragement with choice</p>	W 247	The Consumer Affairs Coordinator, in conjunction with the QP/IID will review the IPP for each Daughtry Field Consumer and identify all personal choices each Consumer should be encouraged to make. The Personal Choice list for each Consumer will be posted in the home and each Staff will be inserviced on each Personal Choice list. The Leadership Council and the QP/IID will conduct routine monitoring of Staff-Consumer interactions to assure that the Personal Choice lists are being implemented.	02-11-22	

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W 247	<p>Continued From page 3 making is needed and offering 2 or 3 choices work best for [Client #6]."</p> <p>Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the staff may have been prompting clients to wait so that everyone could eat in a family style manner. The QIDP acknowledged all of the clients do not have to participate with saying grace at meals.</p> <p>B. During evening observations in the home on 12/13/21 at 3:30pm, clients and staff arrived home from the day program. Three clients immediately went to their bedrooms while two clients assisted Staff A with putting away groceries. At 4:00pm, Staff B prompted all of the clients to come into the living room where the staff turned on the television and chose a station for the clients to watch. From 4:00pm - 4:14pm, clients sat in living room without actively watching the television. From 4:14pm - 4:18pm, the clients consumed a snack. At 4:18pm, the clients were again prompted to return to the living room. If a client attempted to leave the area, they were quickly prompted back to the living room. Client #6 was prompted to set the table and briefly assist with meal preparation while the remaining clients sat in the living room with the television on without actively watching it. At 5:10pm, the clients were prompted to the table for dinner. During this time, clients were not provide choice of activities and the choice to move about the home as they pleased.</p> <p>Interview on 12/14/21 with Staff B revealed the clients do not generally participate with playing games in the home since client #2 is the only client who really knows how to play them.</p>	W 247			

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W 247	<p>Continued From page 4</p> <p>Review on 12/14/21 of client #2's IPP dated 12/23/20 revealed. "[Client #2] is very capable of making his wishes, preferences and needs known." The plan noted, he has "definite opinions and preferences" and will verbalize them. Additional review of the IPP indicated, "[Client #2] participates in solitary as well as group activities but prefers solitary activities like sitting in his recliner in his room watching television. [Client #2] can initiate activity and choose his own materials."</p> <p>Review on 12/14/21 of client #4's IPP dated 7/6/21 indicated, "...when monitored [Client #4] participates in both solitary, group structured activities, but chooses solitary activities most of the time. Also when monitored he can choose between offered activities, initiate the activity and obtain materials needed for said activity." The plan noted he enjoys looking at newspaper, magazines, and doing jigsaw puzzles.</p> <p>Review on 12/14/21 of client #6's IPP dated 1/28/21 revealed, "He does not initiate leisure or interpersonal activities; he will participate when offered to him." The plan noted, "Encouragement with choice making is needed and offering 2 or 3 choices work best for [Client #6]."</p> <p>Interview on 12/14/21 with the QIDP indicated staff should be offering choices of integrative activities in the home.</p> <p>C. During observations throughout the survey at the day program and in the home on 12/13 - 12/14/21, client #4 consistently moved around the area manipulating items and straightening things which were out of place. On numerous</p>	W 247			

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W 247	<p>Continued From page 5</p> <p>occasions, Staff A and/or Staff B prompted the client to "Go sit down!" or "Sit back down!" or asked him where he was going.</p> <p>Interview on 12/14/21 with Staff B regarding why client #4 needed to sit down, the staff stated, "He likes to touch stuff" and move things. The staff indicated the client has "OCD" and needs to be constantly "redirected to sit down".</p> <p>Review on 12/14/21 of client #4's IPP dated 7/6/21 noted, "He is aware of his surroundings and prefers them to remain the same. This is indicated by [Client #4's] moving items back to their original location." Additional review of the plan identified a diagnosis of Obsessive-Compulsive Disorder. The plan noted he requires assistance with choice and self-management skills.</p> <p>Interview on 12/14/21 with the QIDP acknowledged client #4 likes to constantly move items in the home.</p> <p>D. During observations throughout the survey at the day program and in the home on 12/13 - 12/14/21, client #5 periodically crossed his left leg over his right knee and touched his shoes/socks. At times, the client would remove his shoes and socks. Throughout the observations, each time Staff B noticed client #5 crossing his legs in this manner, Staff B would shout, "Put your foot down!" Client #5 was repeatedly prompted to put his food down.</p> <p>Interview on 12/14/21 with Staff B revealed they were prompting client #5 to put his foot down because when he crosses his foot over his knee in this manner, he will remove his shoes and</p>	W 247			

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W 247	<p>Continued From page 6</p> <p>socks and often take his shoe and hit it against a wall.</p> <p>Review on 12/14/21 of client #5's IPP dated 2/16/21 revealed client #5 is "non-verbal but will communicate his wants/needs through oral vocalizations (echolalia) and gestures." The plan indicated he requires assistance with choice and self-management skills.</p> <p>Interview on 12/14/21 with the QIDP confirmed client #5 will take off his shoes and hit it against a wall; however, she did not indicate staff should constantly prompt him to keep his feet on the floor at all times.</p> <p>E. During breakfast observations in the home on 12/14/21 at 7:50am, client #4 obtained a packet of instant grits from the kitchen cabinet, took it to the table, opened it and poured the contents into a bowl. Staff A observed this and immediately retrieved the bowl of grits and threw them in the trash. The staff indicated to the client that oatmeal was on the menu and gave him a packet of instant oatmeal instead. Once prepared, client #5 did not consume the oatmeal but rather poured it into another client's bowl who was seated next to him. Staff B observed this and took the bowl of oatmeal and threw it in the trash. Client #4 was not offered an alternative food item after he refused a food item which was on the menu.</p> <p>Interview on 12/14/21 with Staff A revealed food substitutions are not offered if clients refuse something served from the menu.</p> <p>Review on 12/14/21 of client #4's IPP dated 7/6/21 noted, "[Client #4] is a picky eater and</p>	W 247			

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W 247	Continued From page 7 often will not eat foods on the menu...[Client #4's] preference of food is most sweets, peanut butter and jelly sandwiches, cheeseburgers and French fries, rice, fried chicken and sodas." The plan added, "...[Client #4] will eat rice and will not refuse it."	W 247			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. 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 (#2, #4 and #6) received a continuous active treatment program consisting of needed interventions and services to support the achievement of objectives identified in the Individual Program Plan (IPP) in the areas of vocational training and meal preparation. The findings are: A. During observations at the day program on	W 249	The QP/IID and Executive Director will conduct a thorough review of the IPP Goals, the Goal Plans and the Training Schedule for each Daughtry Field Consumer and conduct inservice training on the above and required data collection. Members of the Leadership Council and the QP/IID will conduct routine monitoring to assure all goal training and integrative activities are being implemented according to schedule.	02-11-22	

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W 249	<p>Continued From page 8</p> <p>12/13/21 from 10:40am - 12:30pm, clients sat outside in a patio area unengaged, returned inside for lunch and later sat in a classroom coloring or unengaged in activities. As two staff (Staff A and Staff B) also sat and colored, no clients were offered any activities and no training was conducted.</p> <p>During an interview on 12/13/21, when asked what kind of goal training clients participate in at the day program, Staff B stated, "They just color." The staff indicated no other instructions had been provided for any client specific training to be completed at the day program. Additional interview on 12/14/21 with Staff A indicated all of the clients receive pay checks on the same pay day as staff; however, only client #6 works at the day program cleaning up the dining area.</p> <p>Review on 12/13 - 12/14/21 of client #2's IPP dated 12/23/20 revealed objectives, "In the Day Program setting, [Client #2] will correctly completed adding and subtraction problems that equals 10 for 8 consecutive data sessions each month for 4 consecutive months" and "In the Day Program setting when requested, [Client #2] completed specific tasks relative to assigned vocational crew eight consecutive data sessions per month for six consecutive months." Additional review of the client's IPP noted, "...Continued training is recommended in the vocational area..."</p> <p>Review on 12/13 - 12/14/21 of client #4's IPP dated 7/6/21 revealed objectives, "In the Day Program setting during vocational training, [Client #4] shreds 80 sheets of paper for eight consecutive data collection sessions monthly" and "In the Day Program setting during academic</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>training and using a model card, [Client #4] identifies all of the coin combinations totaling \$1.00 for 8 consecutive data sessions per month for 6 consecutive months." Additional review of the plan noted, "[Client #4] is currently employed on NOVA McGlone Center's Clerical Crew and is paid bi-weekly."</p> <p>Review on 12/13 - 12/14/21 of client #6's IPP dated 1/28/21 revealed objectives, "In the Day Program setting, [Client #6] will clean the refrigerator in the dining room for 8 consecutive data collection session for a monthly reporting period." Additional review of the plan noted, "In the vocational setting, [Client #6] continues to excel and can perform most tasks independently, when monitored or with verbal assistance...[Client #6] works with NOVA's McGlone Center's P.M. Janitorial Crew."</p> <p>Further review of a day program schedule located in a notebook in the classroom revealed the following:</p> <p>9:15am - 10:15am FSP GOAL TRAINING/INTEGRATION</p> <p>10:15am - 10:30am BREAK TIME</p> <p>10:30am - 11:00am GROUP DISCUSSIONS/ARTS & CRAFTS/SAFETY SKILLS/PHYSICAL ACTIVITIES/HEALTH AND SEX EDUCATION/CITIZENSHIP/SOCIALIZATION SKILLS (CONSUMERS MAY CHOOSE FROM THE FOLLOWING)...Health/Sex Education, Arts and Crafts, Physical Education at the Mall, Track and Family Y</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>11:00am - 11:30am LUNCH/MEDICATION ADMINISTRATION</p> <p>11:30am - 12:45pm CLEAN UP/SELF CARE/INTEGRATIVE ACTIVITIES "Consumers may select an integrative activity of choice whether it is an individual or group activity, some may choose to listen to music, look at a magazine, play basketball, walk in the back of McGlone Center down time is not permitted..."</p> <p>Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed staff should be implementing training for all of the clients while at the day program and coloring is not the only activity that should be provided.</p> <p>B. During morning observations in the home on 12/14/21 from 7:08am - 7:50am, Staff A prepared turkey sausage links and toast without any client involvement. Client #6 set the table given a verbal prompt.</p> <p>During an interview on 12/14/21 when asked why no clients participated with cooking tasks that morning, Staff A replied, "We really don't let them in the kitchen" to prepare breakfast. The staff indicated they also did not assist because they were in the process of getting their morning medications.</p> <p>Review on 12/14/21 of client #2's IPP dated 12/23/20 revealed, "[Client #2] continues to require verbal cues and gestures to complete relevant tasks" related to meal planning and grocery shopping.</p> <p>Review on 12/14/21 of client #6's IPP dated</p>	W 249			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365		
(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 11</p> <p>1/28/21 indicated, "When monitored, [Client #6] participates in food/meal preparation tasks...such as preparing powdered drinks, preparing simple snacks, making sandwiches, operating small appliances, cooking food on the stove top/oven, slicing, peeling foods using a knife and identifying measurements and measuring food" given verbal or physical assistance.</p> <p>Interview on 12/14/21 with the QIDP indicated all of the clients have different skill levels to assist in the kitchen.</p> <p>C. During observations of medication administration in the home on 12/14/21 at 7:35am, client #2 participated with the administration of his medications by obtaining his water, punching his pills and stating why he was taking some of them.</p> <p>Interview on 12/14/21 with the medication technician (Staff B) indicated what client #2 was observed to do was how he generally participates with administering his medications.</p> <p>Review on 12/14/21 of client #2's IPP dated 12/23/20 revealed an objective to name possible side effects of specific medications for 8 consecutive data sessions per month for 6 consecutive months (implemented 2/3/20).</p> <p>Interview on 12/14/21 with the QIDP confirmed staff should integrate objective training when appropriate.</p>	W 249			
W 252	<p>PROGRAM DOCUMENTATION</p> <p>CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria</p>	W 252			

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W 252	<p>Continued From page 12</p> <p>specified in client individual program plan objectives must be documented in measurable terms.</p> <p>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 specified in the Individual Program Plan (IPP) was documented in measurable terms. This affected 3 of 4 audit clients (#2, #4 and #6). The findings are:</p> <p>A. Review on 12/13/14 of client #2's IPP dated 12/23/21 revealed objectives to brush all surfaces of his teeth using an electric toothbrush 10 consecutive sessions monthly for 6 consecutive months (implemented on 4/13/20), to name a possible side effect of specific medications for 8 consecutive data sessions per month for 6 consecutive months (implemented 2/3/20), to participate in physical activity of his choice for 30 minutes for 8 consecutive data sessions per month for 6 consecutive months (implemented 12/2/19), to complete specific tasks relative to assigned vocational crew for 8 consecutive data sessions per month for 6 consecutive months (implemented 8/12/19) and to completed adding and subtraction problems that equals 10 for 8 consecutive data sessions each month for 4 consecutive months (implemented 1/4/21).</p> <p>Additonal review on 12/14/21 of client #2's objective training book revealed no data collection for any of his current objectives thus far during the month of December '21. In addition, no data sheets could be located for October '21 and November '21.</p>	W 252	<p>The QP/IID and Executive Director will conduct a thorough review of the IPP Goals, the Goal Plans and the Training Schedule for each Daughtry Field Consumer and conduct inservice training on the above and required data collection. Members of the Leadership Council and the QP/IID will conduct routine monitoring to assure all goal training and integrative activities are being implemented according to schedule.</p>	02-11-22

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W 252	<p>Continued From page 13</p> <p>B. Review on 12/13/21 of client #4's IPP dated 7/6/21 revealed objectives to name his medical caregivers for 8 consecutive data sessions for one month reporting period (implemented 7/15/20), to identify all of the coin combinations totaling \$1.00 for 8 consecutive data sessions for per month for 6 consecutive months (implemented 4/13/20), to shred 80 sheets of paper for 8 consecutive data sessions monthly (implemented 1/4/21), to completed the dental hygiene process for 10 consecutive data sessions for the monthly reporting period (implemented 1/14/21) and to dust furniture in his room for 8 consecutive data sessions for a one month reporting period (implemented 4/13/20).</p> <p>Additional review on 12/14/21 of client #4's objective training book revealed no data collection for any of his current objectives thus far during the month of December '21. In addition, no data sheets could be located for October '21 and November '21.</p> <p>C. Review on 12/13/21 of client #6's IPP dated 1/28/21 revealed objectives to name his caregivers for 8 consecutive data sessions monthly (implemented 1/4/21), to clean the refrigerator in the dining room for 8 consecutive data sessions for a monthly reporting period (implemented 1/4/21), to clean the dishes after meals for 8 consecutive data sessions for a monthly reporting period and to completed the dental hygiene process with assistance for 8 consecutive data sessions monthly (implemented 1/4/21).</p> <p>Additional review on 12/14/21 of client #6's objective training book revealed no data</p>	W 252			

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W 252	Continued From page 14 collection for any of his current objectives thus far during the month of December '21. In addition, no data sheets could be located for October '21 and November '21.	W 252			
W 263	Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed staff should be collecting data on each client's objectives as indicated. 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 4 audit clients (#2, #4 and #6). The finding is: A. Review on 12/13/21 of client #2's Individual Program Plan (IPP) dated 12/23/21 revealed the objective, "Across all settings, [Client #2] will have incident free days related to symptoms of DSM - 5 Primary Psychiatric diagnosis of Schizoaffective multiple episodes, continuous focusing on target symptom of non-compliance for 100 of 105 days." The plan incorporated the use psychiatric medications to address client #2's inappropriate behaviors. Additional review of the record did not reveal a current consent for the behavior plan. Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed no current consent had been obtained	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. It should be noted that some Parents/Guardians do not understand or display a willingness to comply with their obligation to provide Consents for certain documents. If this problem persists NOVA's only alternative is to attempt to have them removed as guardian.	02-11-22	

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W 263	<p>Continued From page 15 from client #2's guardian.</p> <p>B. Review on 12/13/21 of client #4's IPP dated 7/6/21 revealed the objective, "Across all settings, [Client #4] will have incident free days related to symptoms of Primary Psychiatric Diagnosis of Autistic Spectrum Disorder requiring substantial support accompanying language and intellectual impairment and his secondary diagnosis of Obsessive-Compulsive Disorder specifically for property damage for 160 of 165 days." The plan incorporated the use psychiatric medications to address client #4's inappropriate behaviors. Additional review of the record did not reveal a current consent for the behavior plan.</p> <p>Interview on 12/14/21 with the QIDP confirmed no current consent had been obtained from client #4's guardian.</p> <p>C. Review on 12/13/21 of client #6's IPP dated 1/28/21 revealed the objective, "Across all settings, [Client #6] will have incident free days related to symptoms of his Primary Psychiatric diagnosis of Schizophrenia multiple episodes continuous and secondary to Psychiatric Diagnosis of Autistic Spectrum Disorder requiring substantial support with intellectual impairment and language impairment and Obsessive-Compulsive Disorder with absent insight and delusional beliefs, specifically self-injurious behavior for 160 of 165 days." The MHP incorporated the use psychiatric medications to address client #6's inappropriate behaviors. Additional review of the record did not reveal a current consent for the behavior plan.</p> <p>Interview on 12/14/21 with the QIDP confirmed no current consent had been obtained from client</p>	W 263		

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W 263	Continued From page 16	W 263		
W 340	<p>#6's guardian.</p> <p>NURSING SERVICES CFR(s): 483.460(c)(5)(i)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to implement appropriate COVID-19 preventative health measures for clients as directed by nursing services staff. This potentially affected all clients in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>During morning observations in the home on 12/14/21 from 6:03am - 9:00am, clients did not have their temperature taken by staff and no clients were screened for COVID-19 symptoms.</p> <p>Interview on 12/14/21 with Staff A revealed staff and clients have their temperature taken daily and this should be documented on a screening form provided by nursing.</p> <p>Review on 12/14/21 of a COVID-19 screening form for clients revealed, "Check and record below every shift." The form included the following to be documented for each client: Name, date, time, initials of assessor, temperature, SpO2 %, Cough?, Loss of Appetite?, Sore throat?, Headache?, and Body aches? Additional review of the form revealed no documentation that the screening had occurred</p>	W 340	<p>All Daughtry Field Staff will be 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.</p>	02-11-22

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W 340	Continued From page 17 for any clients in the home on 12/13/21 and 12/14/21.	W 340		
W 368	<p>Interview on 12/14/21 with Nurse A and the Facility Director revealed the COVID-19 screening process for clients had recently changed from every shift to once a day. The nurse indicated staff should screen each client daily as indicated on the form during morning medication administration.</p> <p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure client #4 received his topical medication as ordered. This affected 1 of 4 clients (#4) observed receiving medications. The finding is:</p> <p>During observations of medication administration in the home on 12/14/21 at 7:21am, client #4 applied Lac-Hydrin 12% (Ammonium Lactate) to both of his feet as the medication technician (Staff B) monitored him.</p> <p>Immediate interview with Staff B revealed client #4 applies the lotion to his feet due to his dry skin.</p> <p>Review on 12/14/21 of client #4's physician's orders dated 12/1/21 - 12/31/21 indicated an order for "Lac-Hydrin 12%, apply to legs and feet twice daily 8a, 8p".</p> <p>Interview on 12/14/21 with Nurse A confirmed the</p>	W 368	<p>Nursing Staff will provide inservice training to Daughtry Field staff regarding the proper application of Lac-Hydrin to Consumer #4's legs and feet in accordance with Physician's Orders. Nursing Staff will randomly monitor compliance with Physician's Orders relevant to the above.</p>	02-11-22

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W 368	Continued From page 18 Lac-Hydrin should have been applied to client #4's legs and feet as indicated on his physician's orders.	W 368		
W 369	DRUG ADMINISTRATION 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, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 4 clients (#6) observed receiving medications. The finding is: During observations of medication administration in the home on 12/14/21 at 7:13am, client #6 ingested Benztropine 2mg, Folic Acid 1mg, Haldol 10mg, two Sulfasatazin 500mg and Benadryl 50mg. Review on 12/14/21 of client #6's physician's orders dated 12/1/21 - 12/31/21 revealed an order for "Benadryl 50mg, take 1 capsule by mouth every night at bedtime, 8p." Interview on 12/14/21 with Nurse A confirmed client #6 should ingest Benadryl at night. The nurse stated, "That's a med error."	W 369	Nursing Staff will provide inservice training to all Daughtry Field Staff for all Medication Administration in compliance with Physician's Orders. Nursing Staff will randomly monitor for compliance with Medication Administration / Physician Orders.	02-11-22
W 436	SPACE AND EQUIPMENT 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	W 436	Nursing Staff and the QP/IID will inservice Consumer #2 and Daughtry Field Staff regarding the need for proper use and care for his eyeglasses. All Staff will be instructed to prompt Consumer #2 to wear his eyeglasses if he is observed without them.	02-11-22

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W 436	<p>Continued From page 19</p> <p>interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure client #2 was taught to care for and make informed choices about the use of his prescription eye glasses. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home on 12/14/21 at 6:18am, a pair of eye glasses was noted on the floor just inside the doorway of client #2's bedroom. Client #2 was in the bedroom at the time as was asked who the eye glasses belonged to. Client #2 responded, "I don't know, they're not mine." At approximately 6:20am, Staff C entered the room and was also asked the eye glasses. The staff indicated the eye glasses belonged to client #2, however, he does not like to wear them. The staff picked the glasses up and put them in client #2's grooming basket on a nearby nightstand.</p> <p>Additional interview on 12/14/21 with client #2 revealed the eye glasses keep sliding off his face and he should be getting some new ones in about six months.</p> <p>Further interview on 12/14/21 with Staff C revealed he was not sure about the client getting new eye glasses. The staff stated, "I don't know the last time he wore them."</p> <p>Review on 12/14/21 of client #2's Individual Program Plan (IPP) dated 12/23/21 noted, "corrective lens that he wears at all times." The plan noted, "[Client #2] does have prescription glasses which he wears full-time. Over the past year, he has had issues with properly caring for</p>	W 436		

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W 436	Continued From page 20 his eye glasses as he had broken several pair." Additional review of a vision exam report dated 9/17/21 indicated a vision acuity of OD - 20/30 and OS - 20/30 with "Rx: Fulltime". Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #2 does wear eye glasses and he is not due for new eye glasses in six months. Additional interview indicated she was not sure of any previous training provided for client #2 to teach him about the need to wear his prescription eye glasses full time and to keep them well maintained.	W 436		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times/conditions. This potentially affected all clients residing in the home (#1, #2, #3, #4, #5, and #6). The finding is: Review on 12/14/21 of fire drill reports from 1/2021 - 12/2021 revealed the following: Seven fire drills were conducted between 6:35am - 11:30am: 6:35am, 8:10am, 8:30am, 8:35am, 9:45am, 10:05am and 11:30am. Additional review of the reports indicated no fire drills were conducted between 12:00 midnight and 6:00am. Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) indicated staff in the home are not trained to	W 441	The Facility Support Coordinator (FSC) will schedule Fire Drills for various times and conditions in conjunction with the QP/IID. The FSC and QP/IID will monitor Fire Drill Logs for compliance with the schedule to assure compliance.	02-11-22

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W 441	Continued From page 21 conduct fire drills during hours in which clients are in a deep sleep.	W 441		
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 review and interviews, the facility failed to ensure client #6 received his specially-prescribed diet as indicated. This affected 1 of 4 audit clients. The finding is: During snack observations in the home on 12/13/21 at 4:17pm, client #6 consumed a single banana and a drink. During dinner observations in the home on 12/13/21 at 5:10pm, client #6 was assisted to serve himself a serving and partial serving of shrimp with vegetables, two servings of rice, two rolls, one fruit cup, water and milk. During breakfast observations in the home on 12/14/21 at 7:50am, client #6 was assisted to serve himself one packet of instant oatmeal, two slices of toast, one banana and two turkey sausage links (same amount as all other clients), water and milk. Interview on 12/14/21 with Staff B revealed client #6 receives double portions of food items and each client's diet is posted on the refrigerator.	W 460	The Consulting Dietician will review Diet Orders for Consumer #6 and Nursing Staff will inservice Daughtry Field Staff regarding the current Diet Order and any modifications that should be implemented. The updated Diet Order will be posted on the information board in the Kitchen area.	02-11-22

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365		
(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	Continued From page 22 Review of client #6's Individual Program Plan (IPP) dated 1/28/21 and a diet list (dated 7/1/21) posted on the refrigerator in the home revealed he ingests a "regular family style diet, double portions to be served on a plate at all meals and snack." Interview on 12/14/21 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's diet was current and should be followed as indicated.	W 460			