

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

PRINTED: 03/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2022
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NAME OF PROVIDER OR SUPPLIER DOGWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 DOGWOOD DRIVE NEW BERN, NC 28562
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(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
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W 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility staff failed to ensure dignity related to incontinence issues with client #5. This affected 1 of 5 audit clients. The finding is:</p> <p>A. During observations in the facility on 3/7/22 and 3/8/22, a rocking chair in the living room of the home had a plastic bag cover over the seat cushion. During observations of group activity time 3:20pm - 4:30pm on 3/7/22, client #5 was encouraged to sit in this chair. Client #5 was observed sitting in this rocking chair during group activity and after dinner on 3/7/22 from 5:00pm to 5:30pm.</p> <p>Interview on 3/7/22 with Staff H revealed that client #5 forgets to go to the bathroom.</p> <p>Interview on 3/8/22 with Staff C revealed that plastic was put on the chair because client #5 will sometimes sit on the chair. Staff C stated that it was client #5's favorite chair and he may soil on it, so staff put plastic to protect it. Staff C stated that all clients have a favorite chair. When asked to clarify if client #5 was incontinent, Staff C replied, "Yes."</p> <p>Record review for client #5's individual program plan (IPP), dated 8/30/22, revealed that client #5 was incontinent and wears Depends. The IPP</p>	W 125	<p>W 125 Plastic has been removed from pillow/cushion.</p> <p>Residential Manager/Designee will in-service staff to remove plastic covering from any new pillow/cushions in the future and not to place plastic covering on any pillow/cushion for the prevention of toileting accidents.</p> <p>RECEIVED MAR 23 2022 DHSR-MH Licensure Sect</p>	5/7/2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Louise Kristead, RN, Compliance Specialist _____ 03/21/2022

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 125	Continued From page 1 stated that client #5 needs prompting for privacy. Further review of skills assessment, dated 11/30/21, revealed that client #5 requires extensive assistance for toileting. Interview on 3/8/22 with the residential manager (RM) revealed that plastic was not applied to the chair for toileting accidents, but was from where the pillow was new and they left the plastic covering on.	W 125		
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure privacy was maintained during personal care. This affected 2 of 5 audit clients (#1 and #3). The findings are: A. During observations in the facility on 3/8/22 at 7:25am, client #1 walked to the back bathroom, went to the toilet, pulled down her pants, leaving the bathroom door open. She flushed the toilet and left the bathroom without washing her hands. There were 2 staff working in the facility. Staff E was in the kitchen and staff B was in a bedroom assisting client #5. Review on 3/8/22 of client #1's skills assessment dated 11/30/21 revealed she needs to be reminded to close the door for privacy and needs assistance to remind her clean herself after toileting.	W 130	<p>W 130 Residential Team Leader will add goals to Client #1's plan to shut bathroom door and wash hands.</p> <p>Residential Team Leader will add goal to Client #3's plan to shut bathroom door.</p> <p>Residential Manager/Designee will in-service staff on goals for client #1 and Client #3.</p> <p>Residential Manager/Designee will in-service staff to prompt clients to close bathroom door and wash hands after toileting.</p>	<p>5/7/2022</p> <p>5/7/2022</p> <p>5/7/2022</p> <p>5/7/2022</p>

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W 130	Continued From page 2 Interview on 3/8/22 with the qualified intellectual disabilities professional (QIDP) revealed client #1 needs assistance in the bathroom to clean herself properly, reminders to shut the door for privacy and to wash her hands after toileting. B. During observations in the facility on 3/8/22 at 7:38am, client #3 walked to the back bathroom, left the door open, pulled her pants down and used the toilet. She then flushed the toilet, pulled her pants up and exited the bathroom without washing her hands. Staff C exited a bedroom and prompted client #3 to go back into the bathroom and wash her hands. Review of client #3's skills assessment, dated 11/30/21, revealed that she needed extensive assistance for grooming with constant supervision and needs help in cleaning self when toileting. Interview on 3/8/22 with the QIDP revealed client #3 needs assistance with grooming and maintaining privacy during toileting.	W 130		
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to ensure that 1 of 5 audit clients (#4) had appropriate fitting clothing. The finding is: During observations in the facility on 3/8/22 from	W 137	W 137 Residential Manager/Designee will in-service staff that all individuals, including client #4, should have clothing on that fits appropriately while they are at the home or out in the community. Residential Manager/Designee will perform weekly random monitoring to ensure client #4's clothes fit appropriately and not revealing incontinence brief for 3 months or longer if needed.	5/7/2022 6/30/2022

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W 137	<p>Continued From page 3</p> <p>6:00am-8:10am client #4 was noted to pull up his pants which were very loose exposing his incontinent brief. He was not encouraged by staff to change his pants or offered a belt to secure his pants. As he boarded the van for an outing with the other clients, his pants sagged below his waist exposing his incontinent brief beneath his pants.</p> <p>Review on 3/8/22 of client #4's skills assessment dated 11/30/21 revealed client #4 requires total assistance throughout the day with his grooming and dressing needs.</p> <p>Interview on 3/8/22 with the QIDP revealed direct care staff should check client #4's appearance before he leaves the facility on an outing, to ensure his appearance is optimal and that his clothing fits properly.</p>	W 137		
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure client #2's individual program plan (IPP) included objectives to address napkin use. This affected 1 of 5 audit clients. The finding is:</p> <p>During dinner observations in the home on 3/7/22 from 5:10pm - 5:25pm, client #2 was observed securing her plate from the kitchen and being seated at the dining table with beverages poured for her by Staff H. Staff H then applied a</p>	W 227	<p>W 227 Occupational Therapist will evaluate for use of clothing protector and plate guard for client #2.</p> <p>Based on the outcome of the Occupational Therapist's report for client #2, Residential Team Leader will add goals as needed and Residential Manager/ Designee will provide an in-service to staff.</p> <p>Residential Team Leader will add goal to Client #2's plan to address napkin use during mealtime.</p> <p>Residential Manager/Designee will in-service staff of client's #2 goals.</p> <p>Residential Manager/Designee will perform weekly meal observations to ensure client #2 is eating slowly and wiping her mouth as well as any additional needs identified by Occupational Therapist for 3 months or longer if needed.</p>	<p>5/7/2022</p> <p>5/7/2022</p> <p>5/7/2022</p> <p>5/7/2022</p> <p>6/30/2022</p>

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W 227	<p>Continued From page 4</p> <p>large adaptive clothing protector on client #2. While dining, she was observed to eat large bites at a fast pace. Staff H prompted her to "slow down" once and "rest your fork" once. Client #2 briefly slowed when prompted, but immediately began eating at a fast pace again, at times without chewing her food.</p> <p>While eating, client #2 was used the fingers on her left hand as a plate guard by holding utensil in her right hand and scooping toward her left hand throughout the meal. She was observed to have spaghetti covering the lower half of her face throughout the meal. Although she had a paper towel next to her plate, she was not prompted to use it to wipe her face or left hand. A large quantity of spillage was observed around her place setting. After finishing her food and beverage, she handed her place items to Staff H. Staff H then removed the adaptive clothing protector from client #2 and did not prompt client #2 to wipe her hands or face. Client #2 was observed exiting the dining area to go sit in the den area with others having spaghetti covering the bottom half of her face and hands.</p> <p>During breakfast observations in the home on 3/8/22 from 6:55am - 6:59am, client #2 was observed being served her breakfast food and having her beverages poured for her by Staff E. No adaptive clothing protector was applied at breakfast. Client #2 began eating breakfast at a fast pace. Staff E prompted client #2 to slow down four times during the meal. Client #2 finished her breakfast food and beverages in a four-minute time span.</p> <p>Review on 3/8/22 of client #2's IPP's skill assessment, dated 11/8/21 revealed that client #2</p>	W 227	Intentionally Left Blank	
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W 227	Continued From page 5 "eats with minor assistance" and may need prompting from staff to eat at a slower pace at times. No indication of an adaptive clothing protector for dining was noted. No specific training for napkin use was noted. Interview on 3/8/22 with the qualified intellectual disabilities professional (QIDP) revealed client #2 does not have an objective to address napkin use and the adaptive clothing protector is not in her IPP.	W 227			
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 1 of 5 audit clients (#5) 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 objective implementation during meals. The finding is: A. During dinner observations in the home on 3/7/22 from 4:49pm-5:04pm, client #5 was	W 249	W 249 Client #5 will carry his plate to the table, pour his drink, clear his place setting, take his plate to the kitchen, and clean his place at the table during each meal. By 5/7/22 staff will be in-serviced by Residential Manager/Designee to allow client #5 to be independent during meals and to sweep floor daily after breakfast. Provide prompt as written. Residential Manager/Designee will monitor weekly to ensure client #5 is given the opportunity to be independent during meals and sweeping floor daily after breakfast for 3 months or longer if needed.	5/7/2022 6/30/2022	

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W 249	<p>Continued From page 6</p> <p>observed carrying his plate to the table to be seated. Staff H poured client #5's beverages for him. He then ate independently with no spillage and at an appropriate pace. When asked to clear his place setting after finishing his meal, he was observed to independently hand his plate to Staff H and exit the dining area. He was not prompted to wipe his place setting. Staff H was observed wiping the table place setting.</p> <p>During breakfast observations in the home on 3/8/22 from 7:11am - 7:21am, client #5 was observed being seated at the dining table with all food and beverages served to him by Staff E. He ate independently. After finishing his food, Staff E prompted him to bring his plate to the kitchen. Client #5 took his plate to the dishwasher area and left the dining area without being cued to wipe his place setting clean. Staff E was observed wiping the table area. Immediately following breakfast in the home on 3/8/22 from 7:25am - 8:05am, it was observed that client #5 was never prompted to retrieve the broom or sweep the dining room floor for goal training.</p> <p>Review on 3/7/22 of client #5's IPP, dated 8/30/21 revealed an objective for sweeping the floor "daily after breakfast with one verbal prompt", including staff accompanying him to secure the broom and offering an initial verbal cue.</p> <p>Review on 3/8/22 of client #5's skills assessment, dated 11/30/21, revealed that he requires extensive assistance for all meals with constant supervision and physical assistance for eating, and he assists in some areas, but needs support to plan, prepare, and serve meals for food prep. Further review on 3/8/22 of his IPP revealed skill strengths included pouring his drink, folding</p>	W 249	Intentionally Left Blank	
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W 249	<p>Continued From page 7 napkins, and bringing his plate to the table.</p> <p>Interview on 3/8/22 with Staff E revealed that clients did not assist with meal preparation since the pandemic began. When asked about clients helping with washing dishes or cleaning the area, Staff E stated that one client may sometimes mop but usually they do not wash dishes or clean.</p> <p>Interview on 3/8/22 with the qualified intellectual disabilities professional (QIDP) revealed client #5 could assist with meal preparation and meal cleanup. Further interview confirmed client #5 has an objective to sweep the floor after breakfast.</p> <p>Interview with Staff F revealed that she was not sure if client #2 required an adaptive clothing protector for dining and that she would need to check the records to verify.</p>	W 249		
W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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 the restrictive behavior support plans (BSP) for 1 of 5 audit clients (#2) included written informed consent from the guardian. The</p>	W 263	<p>W 263 Client #2 was evaluated by team and determined that Behavior Support Guidelines were put in place for Paroxetine 10 mg for Generalized Anxiety disorder.</p> <p>The team reviewed the recommendations from the survey team. It was determined that client #2 is no longer exhibiting behaviors and no formal BSP is needed. A Behavior Support Guideline was completed for challenging behaviors. Residential Team Leader will obtain consent for the medication and present to HRC. Staff will be in serviced by Residential Team Leader on Behavior Support Guideline.</p>	<p>3/14/2022</p> <p>5/7/2022</p>

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W 263	<p>Continued From page 8 finding is:</p> <p>Review on 3/7/22 of client #2's individual program plan (IPP) dated 11/8/21 revealed she was admitted to the facility on 10/7/21 and that she has target behaviors of scratching herself as well as others, pulling up her shirt and agitation. Further review of the IPP revealed client #2 had been adjudicated and appointed a legal guardian.</p> <p>Review on 3/7/22 of client #2's physician orders dated 12/3/21 revealed she takes Paroxetine 10mg. (1) tablet by mouth daily.</p> <p>Further review on 3/7/22 of client #2's IPP and active treatment objectives revealed there is no BSP to use in conjunction with Paroxetine 10 mg.</p> <p>Interview on 3/7/22 with the qualified intellectual disabilities professional (QIDP) revealed client #2 was admitted with Paroxetine 10mg. and the team was still evaluating her behaviors and had not developed a BSP to use in conjunction with the medication. Further interview with the QIDP revealed there was not written informed consent from the guardian that specified the medications client #2 was taking to address the target behaviors of scratching and agitation.</p>	W 263	Intentionally Left Blank	
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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility</p>	W 312		

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W 312	<p>Continued From page 9</p> <p>failed to ensure a drug used to manage client's inappropriate behaviors was used only as an integral part of her individual program plan (IPP). This affected 2 of 5 audit clients (#2 and #5). The findings are:</p> <p>A. Review on 3/7/22 of client #2's IPP dated 11/8/21, revealed she was admitted to the facility on 10/7/21 and that she has target behaviors of scratching herself as well as others, pulling up her shirt and agitation.</p> <p>Review on 3/7/22 of client #2's physician orders dated 12/3/21 revealed she takes Paroxetine 10mg. (1) tablet by mouth daily.</p> <p>Further review on 3/7/22 of client #2's IPP and active treatment objectives revealed there is no behavior support program (BSP) to use in conjunction with Paroxetine 10 mg.</p> <p>Interview on 3/7/22 with the qualified intellectual disabilities professional (QIDP) revealed client #2 was admitted with Paroxetine 10mg. and that the team was still evaluating her behaviors and had not developed a BSP to use in conjunction with the medication.</p> <p>B. Review on 3/7/22 of client #5's IPP dated 8/30/21, revealed that he was admitted to the facility on 8/22/18 with no defined target behaviors and diagnosed vascular dementia.</p> <p>Review on 3/7/22 of client #5's physician order revealed he takes Namenda 10mg. (2) and Aricept 10mg. (1) by mouth daily for dementia. Further review of client #5's physician orders confirmed he receives Risperidone 0.25mg. (1) daily.</p>	W 312	<p>W 312</p> <p>Client #2 was evaluated by team and determined that Behavior Support Guidelines were put in place for Paroxetine 10 mg for Generalized Anxiety disorder.</p> <p>The team reviewed the recommendations from the survey team. It was determined that client #2 is no longer exhibiting behaviors and no formal BSP is needed. A Behavior Support Guideline was completed for challenging behaviors. Residential Team Leader will obtain consent for the medication and present to HRC. Staff will be in serviced by Residential Team Leader on Behavior Support Guideline.</p> <p>Client #5 was evaluated by team and determined that Behavior Support Guidelines were put in place for Risperidone 0.25 mg agitation associated with Dementia.</p> <p>The team reviewed the recommendations from the survey team. It was determined that client #5 is no longer exhibiting behaviors and no formal BSP is needed. A Behavior Support Guideline was completed for challenging behaviors. Residential Team Leader will obtain consent for the medication and present to HRC. Staff will be in serviced by Residential Team Leader on Behavior Support Guideline.</p>	<p>3/14/2022</p> <p>5/7/2022</p> <p>3/14/2022</p> <p>5/7/2022</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2022
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NAME OF PROVIDER OR SUPPLIER DOGWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 DOGWOOD DRIVE NEW BERN, NC 28562
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(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
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W 312	<p>Continued From page 10</p> <p>Further review on 3/8/22 of client #5's IPP and active treatment objectives revealed there is no behavior support program (BSP) to use in conjunction with Risperidone 0.25mg.</p> <p>Interview on 3/8/22 with the QIDP confirmed client #5's interdisciplinary team had not formulated a BSP to use in conjunction with Risperidone 0.25mg.</p>	W 312	This Page Intentionally Left Blank	
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