

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

PRINTED: 07/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/06/2022</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>DICKENS DRIVE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 DICKENS DRIVE RALEIGH, NC 27610</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 263	<p><b>PROGRAM MONITORING &amp; CHANGE</b> 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.</p> <p>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 2 of 3 audit clients (#1 and #5). The findings are:</p> <p>A. Review on 7/5/22 of client #5's physician's orders dated 1/21/22 revealed orders for Valium 5mg to be taken prior to podiatry appointments and Vistaril 50 mg at bedtime when at home visitation. Further review revealed no consents had been signed by the guardian for either medication.</p> <p>Interview on 7/6/22 with the facility nurse confirmed that written informed consent was not obtained by the legal guardian.</p> <p>B. Review on 7/5/22 of client #1's Behavior Support Plan (BSP) dated 12/12/21 revealed the following medications Thorazine and Lorazepam. Physician orders dated 1/21/22 revealed Thorazine 25mg in the morning; 150mg at night for behaviors and Lorazepam 2mg for medical appointments. Further review revealed a signed consent dated 2/2/22 listing only the medication names. No medication dosages were provided on the consent.</p> <p>Interview on 7/6/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she provided client #1's guardian a copy of the BSP</p>	W 263	<p>During the annual review, it was identified that although verbal consent had been obtained for a consumer's medications, there was no written consent obtained for the medications that were added following the consumer's annual review and consent. The RN will ensure that all medication consents are obtained in writing within 3 days of obtaining verbal consent. Once written consent is obtained, the RN will notify the Clinical Director and/or Program Director in writing to confirm the consent. Additionally, the RN will ensure that each annual consent is completed with all medications including medication dosages. The RN will submit annual medication consents to the QP once the consent has been signed. These consents will be reviewed by the QP, Program Director, or his/her designee on at least an annual basis.</p>	Within 60 days of approval
-------	--	-------	--	----------------------------

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ermy S. Harris* TITLE *Clinical Director/QP* (X6) DATE *8/1/2022*

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.

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

PRINTED: 07/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/06/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>DICKENS DRIVE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 DICKENS DRIVE RALEIGH, NC 27610</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 263	Continued From page 1 and the FL-2 which listed the medication and dosages. However, she confirmed the current consent in the record did not list the medication dosages.	W 263			
W 323	<p>PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i)</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 3 audit clients (#1) received a vision examination as indicated. The findings are:</p> <p>Review on 7/5/22 of client #1's record revealed a visual examination was completed on 9/10/19. Additional review of the report indicated early cataract return in 1 year. Client #1's nursing evaluation dated 12/8/20 revealed last eye appointment 9/10/19. No new recommendations. No changes. Should have annual exams. Further review of client #1's record did not include a current visual examination.</p> <p>Interview on 7/5/22 with the Home Manager (HM) revealed client #1 was in need an eye exam. The exam had not been completed due to COVID-19. She's unsure as to why client #1's eye exam was not scheduled once doctor's started seeing patients again. Client #1's eye exam is scheduled for next month.</p> <p>Interview on 7/5/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #1 is due for an eye exam. The exam had not been scheduled previously due to COVID-19.</p>	W 323	<p>A review of systems revealed the need to establish additional oversight of consumer medical appointments. Currently, group home managers are responsible for scheduling consumer medical appointments. To aid in this process and ensure compliance with regulatory requirements, the RN will develop an annual schedule of consumer appointments for each consumer. The group home manager will update the form following each medical appointment to include the schedule for the next appointment. Annually, the RN will be responsible for providing each group home manager with an updated list of medical appointments for each consumer. These forms will be maintained on the front of each consumer's medical binder.</p>	Within 60 days of approval	

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

PRINTED: 07/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/06/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>DICKENS DRIVE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 DICKENS DRIVE RALEIGH, NC 27610</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 441	<p><b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)</p> <p>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:</p> <p>Review on 7/6/22 of the fire drill reports dated April 2021- June 2022 revealed fire drills were conducted on first shift (7:00 am-3:00 pm) at 2:58pm, 1:00pm, 1:42pm, 11:00am. Fire drills conducted on second shift (3:00pm-11:00pm) at 9:30pm, 5:30pm, 6:54pm, 9:46pm, 6:00pm, 5:30pm. Fire drills conducted on third shift (11:00pm-7:00am) at 7:00am, 5:29am, 11:20pm, 2:01am, 6:02am. Only one third shift drill was conducted during deep sleep hours between 1:00am and 4:00am.</p> <p>Interview on 7/6/22 with the Qualified Intellectual Disabilities Professional (QIDP) and Program Director confirmed fire drills should be varied throughout the shift.</p>	W 441	<p>A review of systems revealed that although fire drills had been conducted on each shift, the requirement to have drills conducted during sleep hours required additional attention. During the survey, it was revealed that only one drill was conducted during sleep hours of 1am and 4am. To remedy this issue, the Health and Safety Officer will work with the group home managers to complete an annual fire drill schedule which will include the timing of each drill. Drills will be reviewed on a quarterly basis by the H&amp;S Officer.</p>	Within 60 days of approval	