

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

PRINTED: 09/23/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2022
NAME OF PROVIDER OR SUPPLIER YADKIN II & III			STREET ADDRESS, CITY, STATE, ZIP CODE 3220 & 3224 US HWY 21 HAMPTONVILLE, NC 27020		
(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 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure restrictive behavior techniques for 2 of 6 audit clients (#8 and #11) was reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 9/20/22 of client #8's person centered plan (PCP) dated 10/6/22 revealed an objective to exhibit one or fewer challenging behaviors per month. Review on 9/20/22 of client #8's behavior support plan (BSP) dated 9/30/20 revealed target behaviors consisting of aggression and self-injurious behavior. Further review on 9/20/22 of client #8's BSP revealed no review or consent by the HRC.</p> <p>Interview with qualified intellectual disabilities professional (QIDP) on 9/20/22 confirmed that based on the consent located in the record, client #8's BSP was not reviewed or consented to by HRC.</p> <p>B. Review of client #11's records on 9/20/22 revealed a person centered plan (PCP) dated 5/25/22. Further review of PCP revealed consents for the behavior support plan (BSP), diet consistency, and adaptive equipment signed by the legal guardian on 7/25/22. Continued review revealed annual consents for client #11 relative to the BSP (alarms on all doors, behavior meds and bedrails due to seizures), diet</p>	W 262			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 262	Continued From page 1 consistency, and adaptive equipment were not signed by the HRC. Interview with QIDP on 9/20/22 verified the guardian signed the consent for the BSP, diet consistency, and adaptive equipment but the HRC had not been scheduled at the time of the PCP which caused a delay in obtaining their approval. Further interview with the QIDP revealed an HRC meeting is scheduled for 9/21/22 to obtain signatures.	W 262			
W 263	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 2 of 6 clients (#6 and #8). The findings are: A. Review on 9/20/22 of client #6's Behavior Support Plan (BSP) dated 7/24/21 revealed an objective to exhibit one or fewer challenging behaviors per month for 11 consecutive months. Further review of the BSP revealed target behaviors consisting of severe disruptive behavior, aggression, and failure to make responsible choices. Further review of the BSP revealed written informed consent has not been obtained by the legal guardian. Interview on 9/20/22 with the qualified intellectual developmental professional (QIDP) confirmed	W 263		9/20/22	

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W 263	<p>Continued From page 2</p> <p>that based on the information located in the record, written informed consent was not obtained by the legal guardian. Further interview with the QIDP revealed the guardian has been difficult to contact due to restrictions and exposures, ongoing health related issued, and lack of current phone contact information.</p> <p>Continued interview with the QIDP revealed the guardian has recently been in a nursing facility. The QIDP furthered verified the agency plans to discuss options in obtaining a change in guardianship due to inconsistency relative to timely responses addressing changes in clients needs.</p> <p>B. Review of Client #8's records on 9/20/22 revealed a BSP dated 7/1/22. Continued review of the BSP revealed target behaviors consisting of compliance during travel, anxiety resistance and transitioning difficulty, rectal digging, self-injury, aggression and leaving a supervised area. Further review revealed annual consents were signed by the legal guardian and HRC (Human Rights Committee) on 8/25/21. Further review did not reveal annual consents were obtained for the current 8/25/22 plan year.</p> <p>Interview with QIDP on 9/20/22, substantiated by client #8's BSP dated 7/1/22, revealed annual consents should have been obtained by the legal guardian with the yearly updated plan.</p>	W 263			