

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

PRINTED: 01/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/30/2022
NAME OF PROVIDER OR SUPPLIER JADE TREE			STREET ADDRESS, CITY, STATE, ZIP CODE 6501 JADE TREE LANE RALEIGH, NC 27615		
(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 000	INITIAL COMMENTS	W 000			
{W 120}	<p>A revisit was conducted on December 30, 2022 for all previous deficiencies cited on October 20, 2022. The following deficiencies were corrected (W130), (W252) and (W508). The facility remained out of compliance in (W120) and (W263).</p> <p>SERVICES PROVIDED WITH OUTSIDE SOURCES CFR(s): 483.410(d)(3)</p> <p>The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure outside services were coordinated to meet the needs of clients. This affected 4 of 4 audited clients in the home (#1, #2, #3 and #6). The findings are:</p> <p>A. Record review on 10/19/22 at the vocational center revealed there were no copy of the individual program plan (IPP) and behavior support plan (BSP) for client #1 provided to the staff.</p> <p>B. Record review on 10/19/22 at the vocational center revealed there were no copy of the individual program plan (IPP) and behavior support plan (BSP) for client #2 provided to the staff.</p> <p>C. Record review on 10/19/22 at the vocational center revealed there were no copy of the individual program plan (IPP) and behavior support plan (BSP) for client #3 provided to the staff.</p>	{W 120}			
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 120}	<p>Continued From page 1</p> <p>D. Record review on 10/19/22 at the vocational center revealed there were no copy of the individual program plan (IPP) and behavior support plan (BSP) for client #6 provided to the staff.</p> <p>Interview on 10/19/22 with the qualified intellectual disabilities professional (VC-QIDP) for the clients at the vocational center revealed that she did not have any copies of the BSP and IPP. The VC-QIDP revealed that client #2 missed work for three days and the facility did not communicate why. When client #2 appeared at the vocational center today, staff noticed that he had stitches on lip and swelling around his eye. The vocational center thought that perhaps he had been involved in an incident at the home but was not certain.</p> <p>Interview on 10/20/22 with the QIDP at the group home revealed that on 10/16/22, client #3 fell on his face while standing and sustained facial injuries. Client #3 was sent to the emergency room to rule out new seizure activity. The home kept client #2 home to monitor his condition. The QIDP acknowledged that they fell to communicate this to the day program before 10/19/22. The QIDP also stated that they should send the vocational center copies of the clients IPP and BSP but during the pandemic, it fell through the cracks.</p> <p>Interview on 12/30/22 with the QIDP revealed she did not have the Plan of Correction (POC) available for review. The QIDP revealed some of their homes were under quarantine and she had not sent the IPP's to the vocational centers as indicated in the POC.</p>	{W 120}			

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{W 263} {W 263}	Continued From page 2 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 staff interview, the facility failed to ensure a restrictive Behavior Support Plan (BSP) device was conducted with the written consent of the guardian. This affected 1 of 4 audit clients (#3). The finding is: Review on 10/20/22 of client #3's BSP summary dated 3/14/22 stated target behaviors included self-injurious behaviors (SIB). SIB was defined as any scratching, poking, or picking at the skin that result in scratches, bleeding, roughened, or reddened skin. Interventions for SIB stated if client #3 was observed picking at his skin he should be told to stop and redirected to an area where staff can observe him. If client #3 does not respond to redirection, neoprene gloves should be applied for a maximum of 30 minutes. Released when behavior stops, or maximum time is reached. Review on 10/20/22 of client #3's BSP consent signed by the guardian on 3/1/22 did not include using neoprene gloves to prevent injuries during skin picking. Interview on 10/20/22 with the qualified intellectual disabilities professional (QIDP) revealed that they did not include neoprene gloves on the BSP consent form. Interview on 12/30/22 with the QIDP revealed she	{W 263} {W 263}			

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{W 263}	Continued From page 3 did not have the Plan of Correction (POC) available for review. The QIDP revealed some of their homes were under quarantine and she had not sent the BSP to client #3's guardian for consent.	{W 263}			