

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

PRINTED: 01/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G272</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREST ROAD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 GREENHOUSE LANE</b> <b>SOUTHERN PINES, NC 28387</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 000	INITIAL COMMENTS	W 000			
{W 263}	<p>A revisit was completed on 1/26/23 for deficiencies cited on 11/7 - 11/8/23. One deficiency was recited. The facility remains out of compliance.</p> <p>PROGRAM MONITORING &amp; 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 written informed consent was obtained for restrictive Behavior Intervention Plans (BIP). This affected 2 of 2 audit clients (#2 and #3). The findings are:</p> <p>A. Review on 11/7/22 of client #2's BIP dated 2/25/22 revealed an objective to decrease the frequency of defined non-compliance to 5 or fewer per month for 10 out of 12 consecutive months. Additional review of the BIP indicated the client ingests "psychotropic medications" to address his behaviors. Further review of the client's current physician's orders noted he receives Abilify, Intuniv, Vyvanse, Lamictal and Remeron. Review of the record did not reveal a consent for client #2's BIP.</p> <p>Additional review on 1/26/23 of client #2's current BIP revealed the same objective and medications to address his inappropriate behaviors. Review of the client's record did not reveal a written informed consent from his guardian.</p> <p>Interview on 1/26/23 with the Qualified Intellectual</p>	{W 263}			

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 263}	<p>Continued From page 1</p> <p>Disabilities Professional (QIDP) confirmed client #2 ingests medications to address behaviors; however, written informed consent for the BIP had not been obtained from the guardian.</p> <p>B. Review on 1/26/23 of client #3's BIP dated 4/2/21 revealed objectives to address inappropriate behaviors of noncompliance, aggression, lying, profanity, tantrums and running from staff/elopement. Additional review of the BIP identified the use of Escitalopram, Methylphenidate, Clonidine, Ziprasidone and Divalproex Sodium for behavior control. Further review of the record revealed verbal consent had been obtained on 3/1/21; however, no current written informed consent from client #3's guardian was located.</p> <p>Interview on 1/26/23 with the QIDP confirmed no written informed consent for client #3's BIP was available for review.</p>	{W 263}			