

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

PRINTED: 02/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/17/2023
NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387		
(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 156	<p>A complaint survey was completed on 2/17/23 for intake #NC00198323. Deficiencies were cited.</p> <p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to report the required initial and five days working investigation reports to mandatory state agencies and law enforcement, for an allegation of physical abuse. This affected 1 of 3 audit clients (#5). The finding is:</p> <p>Review on 2/17/23 of the facilities abuse investigation initiated on 2/7/23 revealed client #5 accused Staff A of giving him spankings. Staff A had worked with client #5 on 2/4/23 to 2/5/23. All staff were interviewed by the House Manager (HM) and denied any abuse of clients. Staff A denied spanking any client but did acknowledged that he playfully shadow boxed with clients, but never made physical contact. Client #2 revealed she heard a loud clapping sound come from client #5's room when Staff A was present, but did not observe the client being struck. The facility suspended Staff A and unsubstantiated abuse, but did not file a report.</p> <p>Interview on 2/16/23 with the HM revealed on 2/7/23 she was notified by Department of Social Services (DSS) that they were conducting an abuse investigation at the home on 2/7/23 due to a report of physical abuse over the weekend</p>	W 156			

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 156	Continued From page 1 between client #5 and Staff A. The HM notified the Qualified Intellectual Developmental Professional (QIDP) of the allegation and began to conduct an investigation, collecting statements from staff. Interview on 2/16/23 with the QIDP revealed she spoke with the HM and DSS investigator last week and learned of the investigation. The QIDP visited the home and spoke with clients and staff as part of her investigation. The QIDP stated she did not know she had to report this investigation on Incident Response Improvement System (IRIS) because it was only a suspicion of abuse that was unsubstantiated. The QIDP retrieved her IRIS manual and it was verified that physical abuse allegations was a Level II offense and had to be reported. Interview on 2/16/23 with the Administrator revealed she was aware of the abuse investigation, however she provided no information as to why it was not filed with the reporting agencies.	W 156			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure staff were sufficiently trained to perform their duties efficiently. This affected 1 of 3 audit clients (#5). The finding is: Review on 2/17/23 of Staff A's written statement	W 189			

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W 189	<p>Continued From page 2 concerning an abuse investigation launched on 2/7/23. The Home Manager (HM) asked Staff A if he engaged in "horse play" with any of the clients. Staff A acknowledged that he had shadowed boxed some of the clients for fun, but never made physical contact.</p> <p>Interview on 2/16/23 with client #1 revealed she had observed client #5 being fearful Staff A was going to punch him and fearful of being toileted by Staff A.</p> <p>Interview on 2/16/23 with client #3 revealed Staff A was trying to teach him how to fight and protect himself.</p> <p>Interview on 2/16/23 with Staff B had confirmed she was present with client #1 and client #5, who traveled with herself and Staff A last year for therapy. Client #5 requested that Staff B take him to the bathroom because he was fearful Staff A would punch him.</p> <p>Interview on 2/17/23 with Staff A revealed he would interact with some of the clients playfully by shadow boxing, but had never made physical contact. Staff A acknowledged that he had worked with client #5 who was on a toileting program for bowel incontinence. Staff A admitted that he was trying to encourage client #5 to be "a big guy now, babies get spankings. Do you want to get a spanking?" if had more toilet accidents. Staff A denied spanking client #5.</p> <p>Interview on 2/17/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she interviewed Staff A and the clients last week and discovered he was shadow boxing with some of the clients. The QIDP revealed she suspended</p>	W 189			

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W 189	<p>Continued From page 3</p> <p>Staff A on 2/8/23 and told him, shadow boxing was not an appropriate active treatment or recreational activity and he would have to get additional training. The QIDP revealed if Staff A was concerned that client #5 was still having toileting accidents, he could have mentioned this and the toileting scheduling could have been adjusted. The QIDP revealed that staff should not threaten to spank the clients because it was not allowed in the home.</p> <p>Interview on 2/17/23 with the Administrator revealed she was unaware Staff A acknowledged telling an incontinent client that a spanking might occur for a toilet accident. The administrator said for staff to discuss spanking a client was inappropriate and should have never been said.</p>	W 189			