

PRINTED: 09/23/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:P11311

Facility ID: 955755

If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2022
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501	
(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 249	<p>Continued From page 1</p> <p>removed food from heated pans, served it onto a plate and passed the plate to the client as he stood waiting. Upon arrival in Parrot 104 on 9/20/22 at 7:40am, dining room tables were set with cups, utensils and napkins. At breakfast in Parrot 104 on 9/20/22 at 8:18am, as client #6 entered the kitchen his prepared plate of food was already on the table as he took his seat. No clients were observed to be prompted or encouraged to assist with preparing any food or serving themselves.</p> <p>Interview on 9/20/22 with Staff H (Cook in Parrot 102) and Staff I (Cook in Parrot 104) revealed clients are currently not assisting with preparing food or serving themselves to due to COVID-19 restrictions in the home. Both staff indicated, prior to COVID, clients assisted with meal preparation tasks and family style dining at meals.</p> <p>It should be noted that a sign posted in Parrot 102 indicated as of 8/16/22 the unit was on "Precautionary Status" for COVID-19. The sign indicated at this level staff should "Continue with activities, work programs, etc."</p> <p>Review on 9/20/22 of client #5's Educational Assessment dated 4/16/22 revealed, "He could complete the following tasks independently: open milk/juice containers, pour liquids from a pitcher, serve himself an individual sized portion utilizing a serving spoon, pass the bowl to his peer..."</p> <p>Review on 9/20/22 of client #6's Educational Assessment (dated 5/13/22) indicated, "At meals, he will pour his beverages and serve himself. He will set the table with an initial verbal prompt. He can assist with meal preparations with verbal</p>	W 249		
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<p>W 249</p>	<p>Continued From page 2 prompts. He will pass items to those around him when verbally prompted...He can prepare simple food items with some verbal prompts and other items with verbal prompts and gestural prompts."</p> <p>Interview on 9/20/22 with the Qualified Intellectual Disabilities Professional (QIDP) from Parrot 104 revealed he has not received directives from upper management regarding when COVID-19 restrictions would be lifted; however, clients have been restricted from participating with food preparation tasks and serving themselves since COVID began (over 2 years ago). The QIDP acknowledged clients could be doing more to assist in the kitchen.</p> <p>Interview on 9/20/22 with the Division Director (DD) revealed the entire Parrot building including all four units was on precautionary status and no COVID cases had been identified. During the interview, the DD acknowledged clients could be doing more to assist in the kitchen and during meals with the homes on precautionary status, staff/client vaccinations in place and with no confirmed or suspected COVID-19 cases on the units.</p> <p>B. During lunch observations in Parrot 102 at 11:33am, client #5 stood looking at his plate of food on the table. A staff standing next to him began encouraging him to try the food on his plate. The client then picked up the plate and emptied it's contents in a nearby trash can. After client #5 assisted with washing his dishes, the staff retrieved a juice box of Ensure Clear from the refrigerator, removed the lid, and gave the juice box to client #5. The client consumed the drink at the table.</p>	<p>W 249</p>	<p>Residents throughout the facility will adhere to their level of participation and will actively engage in meal preparation while adhering to proper sanitation practices. Monitoring for active participation will occur daily through use of an auditing tool by the Home Manager, Developmental Supervisor and/or DT charge.</p>	<p>11/1/2022</p>
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W 249	<p>Continued From page 3</p> <p>Interview on 9/20/22 with Staff H (the cook) revealed client #5 can receive an Ensure Clear if he refuses a meal or eats less than 50% of his meal.</p> <p>Review on 9/20/22 of client #5's record revealed a Meal Refusal Protocol dated 4/6/22. Additional review of the protocol indicated, "[Client #5] will be offered each meal within a one-hour time frame. Typically, this will be as follows: Breakfast 7:30am - 8:30am, Lunch 11:30am - 12:30pm & Supper 4:45pm - 5:45pm. During the hour, [Client #5] will be prompted every 15 minutes to eat his meal. If the designated period has elapsed and [Client #5] has refused to eat his meal, he will be offered Ensure Clear x 1 as a meal refusal supplement...For [Client #5's] safety staff is to pour the Ensure Clear into a hard plastic cup before presenting it to him. [Client #5] is not to have access to the Ensure Clear juice box or the straw/wrapper that is attached to it."</p> <p>Interview on 9/20/22 with the Division Director (DD) confirmed client #5 has current meal refusal guidelines as a part of his active treatment plan. The DD acknowledged the protocol should continue to be followed.</p> <p>C. During lunch and dinner observations in Byrum 101 during the survey on 9/19/22, clients #7 and #8 plates were brought to them by staff working in the home. Further observations revealed the plates for clients #7 and #8 already had food placed on them by the Educational Developmental Assistants (EDA) who were working in the kitchen. At no time were clients #7 and #8 prompted to put their own food on their plates.</p>	W 249	<p>All staff working in 102 Parrott will be re-in-serviced on the resident's meal Refusal Protocol. Monitoring of meals will occur daily by the Home Manager, Developmental Supervisor and/ or DT charge.</p> <p>In-servicing will occur by the assigned dietician, and/or Home Manager or Developmental Supervisor.</p>	11/1/2022	

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W 249	Continued From page 4 Review on 9/19/22 of client #7's IPP dated 7/14/22 revealed she is able to independently participate in family style dining. Review on 9/19/22 of client #8's IPP dated 8/4/22 revealed she is able to independently participate in family style dining. During an interviews on 9/20/22, two EDA's stated family style dining has not occurred since March 2020. Additional interviews revealed family style dining was put on hold due to the pandemic. Further interview indicated prior to March 2020 family style dining was occurring. During an interview on 9/20/22, management staff revealed all family style dining in the buildings was put on hold in March 2020 due to COVID-19. Further interview indicated it was stopped to prevent the spreading of COVID-19 between the clients.	W 249	Residents throughout the facility will adhere to their level of participation for family style dining. Staff will be re-inserviced on family style dining procedures. Home Managers, Developmental Supervisors and/or DT charge will complete weekly dining audits in their assigned homes.	11/1/2022	
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to follow the facility's COVID-19 guidelines regarding procedures for wearing face masks. The finding is:	W 340			

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W 340	<p>Continued From page 5</p> <p>During observations in Parrot 103 and Parrot 101, on 9/19/22 at 11:41am and 9/20/22 at 4:42pm respectively, two staff (Staff D and Staff E) wore a single disposable face mask covering their nose and mouth. Other staff in both homes were observed wearing N95 face masks or double disposable masks.</p> <p>Interview on 9/19/22 with Staff D revealed she has an exemption from wearing the N95 face mask due to having asthma. The staff indicated she can only wear the disposable masks.</p> <p>Interview on 9/20/22 with Staff E revealed she had an allergic reaction to the N95 mask and has an exemption from wearing them. The staff indicated she should be wearing double disposable face masks but had forgotten to put on a second mask.</p> <p>Review on 9/19/22 of a sign posted in both home noted staff should be wearing "N95 mask if medically cleared & fit-tested" or "Double mask if unable to wear N95 mask".</p> <p>Interview on 9/21/22 with the Division Director confirmed staff who are exempt from wearing an N95 mask due to medical reasons should wear double disposable masks.</p>	W 340	<p>All staff throughout the facility will be re-inserviced on proper masking procedures. Monitoring for proper wear of these will occur by supervisors daily. The facility Tip and Tap program will be utilized to track appropriate wear, managers will be notified of incidents and the appropriate action will occur.</p>	11/1/2022

W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients ate	W 488		
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W 488	<p>Continued From page 6</p> <p>in a manner that was not stigmatizing. This affected 1 of 12 audit clients (#12). The finding is:</p> <p>During lunch observation in Gamma House on 9/20/22 at 11:50am, Staff A was observed securing a clothing protector around the neck of client #2 and resting the bottom of the material on the table tray attached to his wheelchair. Staff A then placed the plate of food on top of the clothing protector and fed client #12 his lunch. No excessive spillage was noticed.</p> <p>Review on 9/20/22 of client #12's Education/Home Assessment dated 1/4/22 revealed that he had minimal spillage to no spillage during meals unless he dislikes food.</p> <p>Interview on 9/20/22 with Staff A revealed she placed client #12's plate on top of his clothing protector because she was not sure if he was going to spit out his beans or have leakage down his chin from his cup. Staff A acknowledged she hoped to contain the area of spills while feeding client #12.</p> <p>Interview on 9/21/22 with the Director revealed that it was not appropriate to use the clothing protector under the plate.</p>	W 488	<p>All staff working in Omega will be re-inserviced on the proper use of resident's adaptive napkin. Monitoring will occur daily by the Home Manager, Developmental Supervisor and/or DT charge or designee.</p> <p>Inservicing will occur by the OT department.</p>	11/1/2022	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY KINSLEY • Secretary
KAREN BURKES • DSOHF Director
STAN BUTKUS • Center Director

October 4, 2022

Ms. Lesa Williams, Facility Compliance Consultant II
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Recertification Survey – Conducted September 19-21, 2022

Dear Ms. Williams:

On behalf of Caswell Developmental Center staff, I would like to thank your team for a thorough survey. Enclosed you will find the Statement of Deficiencies Form (CMS-2567) reflecting the Plan of Correction for each cited deficiency. We feel that this plan represents a comprehensive center-wide commitment to further increasing the quality of services for our residents. I hope that you will find it to be acceptable. We look forward to your follow-up visit.

Please let me know if you have any questions regarding any of our responses.

Sincerely,

Dr. Valour Richardson
Programming Director

VR/jh

Enclosure

RECEIVED
OCT 07 2022
DHSR-MH Licensure Sect

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • CASWELL DEVELOPMENTAL CENTER

2415 West Vernon Avenue Kinston, NC 28504

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