STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G002	A. BUILDING _____ B. WING _____	10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURDOCH DEVELOPMENTAL CENTER	1600 EAST C STREET BUTNER, NC 27509

(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 149	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to implement written procedures to prevent potential neglect. This affected 1 of 14 audit clients (#6). The finding is: During video observations in the home on 10/11/22 for 10/9/22 starting at 12:02pm and ending at 1:18pm, revealed client #6 wiping down the counters in the dining room. Further observations of the video revealed Staff A holding client #6's helmet in her arms. Staff A continued to hold client #6's helmet as they both left the dining room and walked to the bathroom and went inside. As both Staff A and client #6 exited the bathroom, Staff A was observed holding client #6's helmet in her arms. Additional observations revealed both Staff A and client #6 then went into client #6's bedroom and when they both came out the helmet was not seen in the video. Staff A and client #6 proceeded to walk into the dayroom and then into the technician station. After leaving the technician station both Staff A and client #6 walked into a bathroom and the helmet is not seen on camera. Further observations revealed after both Staff A and client #6 exited the bathroom and went into the technician station and then into a vacant bedroom where client #6's hamper for her dirty clothes is kept. She was observed putting clothes into the hamper. Client #6 then observed walking with Staff A while pulling the hamper down the hallway into the laundry room. Additional video observations revealed the helmet was not seen on camera.	W 149	See attached POC. RECEIVED NOV 15 2022 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: DIRECTOR (X6) DATE: 11/14/2022

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 149	Continued From page 1 After exiting the laundry room both Staff A and client #6 went back into client #6's bedroom for seventeen minutes. The next observation reveals both Staff A and client #6 exiting the bedroom and client #6 is wearing her arm wrap (with mittens) on her right arm and holding her left arm wrap (with mittens) in her left hand. The next image shows both Staff A and client #6 entering the bathroom and shortly afterwards a nurse is shown entering the bathroom. At no time was client #6 observed wearing her helmet. Review on 10/12/22 of client #6's Behavior Support Plan (BSP) dated 9/27/22 revealed, "Use of Special Protective Devices: Protective SPD-B helmet during daytime hours when awake. The helmet will be removed at least 10 minutes every 2 hours with safety checks every 30 minutes. Use of SPD-B mittens anytime helmet is not used (e.g., during helmet releases, when sleeping). The mittens are put on before the helmet is removed." Review on 10/11/22 of Employee Training Attendance Report revealed Staff A was in attendance on 8/22/22. Further review revealed the training was about client #6's Level of Supervision (LOS); where the usage of client #6's helmet. During an interview on 10/12/22, Staff A reported she had put client #6's helmet in her bedroom because she "thought it was going to be a quick trip into the shower". Further interview revealed client #6's helmet should have been placed on her as soon as she had finished eating her lunch. Staff A stated she had been trained to ensure client #6's helmet was being used correctly. Additional interview revealed while both Staff A	W 149	See attached POC.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 149	Continued From page 2 and client #6 were in her bedroom for 17 minutes, the "red" arm wraps (with mittens) were placed on client #6's arms because she wanted to take a nap. Staff A stated 5 - 10 minutes after the "red" arm wraps (with mittens) client #6 asked for the "blue" arm wraps (with mittens), which were placed on both of her arms. Client #6 then laid back down on her bed and covered up her body along with her face with the covers on her bed. Additional interview revealed client #6 then sat up very quickly on the edge of her bed to calm herself down and that is when client #6 slug out her left arm; Staff A reported that is when she heard glass break on the floor. Client #6 then was observed by Staff A to hold her throat and not responding when Staff A asked her if she was alright. Client #6 then stated "it was stuck", while still holding her throat. Staff A revealed client #6 began drooling from her mouth and nose. Staff A stated she picked up all the pieces of glass and a bead from the for and exited the bedroom with client #6. Staff A reported to gave the pieces of glass and the bead to another staff; who went to inform the nurse to what had occurred. During an interview on 10/11/22, the Advocate for client #6 reported her helmet should have been put on after she had finished eating her lunch. Further interview revealed client #6's helmet is only removed for meals, medication administration, showers/brushing her teeth (personal hygiene), sleeping/naps, meetings with professional staff and ten minute breaks; and then mittens (without arm wraps) are placed on client #6's hands. During an interview on 10/11/22, the Unit Manager (UM) and Division Director (DD) stated client #6 always wears her helmet except when	W 149	See attached POC.	

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W 149	Continued From page 3 she is eating, showering/brushing teeth/washing face, during medication administration and sleeping. Review on 10/12/22 of the facility's policy on Abuse, Neglect, Exploitation and Rights Infringements: Investigative Procedures dated 2/2022 stated, "Neglect - The failure to provide care or services necessary to maintain the metal and physical health of the individual(s)."	W 149	See attached POC.	
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 3 of 14 audit clients (#6, #12, and #14) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of implementation of the Behavior Support Plan (BSP) and dining. The findings are: A. During video observations in the home on 10/11/22 for 10/9/22 starting at 12:02pm and ending at 1:18pm, revealed client #6 wiping down the counters in the dining room. Further	W 249	See attached POC.	

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W 249	Continued From page 4 observations of the video revealed Staff A holding client #6's helmet in her arms. Staff A continued to hold client #6's helmet as they both left the dining room and walked to the bathroom and went inside. As both Staff A and client #6 exited the bathroom, Staff A was observed holding client #6's helmet in her arms. Additional observations revealed both Staff A and client #6 then went into client #6's bedroom and when they both came out the helmet was not seen in the video. Further observations revealed both Staff A and client #6 then proceeded to walk into the dayroom and then into the technician station. After leaving the technician station both Staff A and client #6 walked into a bathroom and the helmet is not seen on camera. Further observations revealed after both Staff A and client #6 exited the bathroom the both went back into the technician station and then went into a vacant bedroom where client #6's hamper for her dirty clothes is kept and she was observed putting clothes into the hamper. Client #6 is then observed walking with Staff A while pulling the hamper down the hallway into the laundry room. Additional observations revealed the helmet was not seen on camera. After exiting the laundry room both Staff A and client #6 went back into client #6's bedroom and where both in there for seventeen minutes. The next observation reveals both Staff A and client #6 exiting the bedroom and client #6 is wearing her arm wrap (with mittens) on her right arm and holding her left arm wrap (with mittens) in her left hand. The next image shows both Staff A and client #6 entering the bathroom and shortly afterwards a nurse is shown entering the bathroom. At no time was client #6 observed wearing her helmet. During an interview on 10/12/22, Staff A reported	W 249	See attached POC.	

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W 249	Continued From page 5 she had put client #6's helmet in her bedroom because she "thought it was going to be a quick trip into the shower". Further interview revealed client #6's helmet should have been placed on her as soon as she had finished eating her lunch. Staff A stated she had been trained to ensure client #6's helmet was being used correctly. Additional interview revealed while both Staff A and client #6 were in her bedroom for 17 minutes, the "red" arm wraps (with mittens) were placed on client #6's arms because she wanted to take a nap. Staff A stated 5 - 10 minutes after the "red" arm wraps (with mittens) client #6 asked for the "blue" arm wraps (with mittens), which were placed on both of her arms. Client #6 then laid back down on her bed and covered up her body along with her face with the covers on her bed. Additional interview revealed client #6 then sat up very quickly on the edge of her bed to calm herself down and that is when client #6 slug out her left arm; Staff A reported that is when she heard glass break on the floor. Client #6 then was observed by Staff A to hold her throat and not responding when Staff A asked her if she was alright. Client #6 then stated "it was stuck", while still holding her throat. Staff A revealed client #6 began drooling from her mouth and nose. Staff A stated she picked up all the pieces of glass and a bead from the for and exited the bedroom with client #6. Staff A reported to gave the pieces of glass and the bead to another staff; who went to inform the nurse to what had occurred. Review on 10/12/22 of client #6's Behavior Support Plan (BSP) dated 9/27/22 revealed, "Use of Special Protective Devices: Protective SPD-B helmet during daytime hours when awake. The helmet will be removed at least 10 minutes every 2 hours with safety checks every 30 minutes.	W 249	See attached POC.	

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W 249	Continued From page 6 Use of SPD-B mittens anytime helmet is not used (e.g., during helmet releases, when sleeping). The mittens are put on before the helmet is removed." Review on 10/11/22 of Employee Training Attendance Report revealed Staff A was in attendance on 8/22/22. Further review revealed the training was about client #6's Level of Supervision (LOS); where the usage of client #6's helmet was explained. During an interview on 10/11/22, the Unit Manager (UM) and Division Director (DD) stated client #6 always wears her helmet except when she is eating, showering/brushing teeth/washing face, during medication administration and sleeping. B. During observations on 10/11/22 at 11am, in Meadowview unit 1, staff B walked client #12 into the dining area. Client #12 walked over to the dining room island and declined serving a cheeseburger, baked beans, carrots and pears onto his plate. Client #12 told staff B, "I don't want to eat that." Staff B then told client #12 that he would have to dump the food items into the trash can because, "You know that you have to dump that, right?" Client #12 emptied his food items into the trash can and left the dining room area. Client #12 then walked down the hallway and stopped to speak to another female staff standing in a doorway in the hallway. Staff B stopped him and stated, "Heh, no, you are not doing that. What are you doing? You know you are too close, back up. Keep walking. You know you are not supposed to do that."	W 249	See attached POC.	

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W 249	Continued From page 7 Immediate interview on 10/11/22 with staff B revealed she had transported client #12 back from a local hospital after he was discharged that morning of 10/11/22. She stated he had missed eating breakfast at the hospital as he was being discharged and he chose not to eat lunch when he returned to the facility. Additional interview revealed client #12 has a behavior support program (BSP) that includes inappropriate sexual behavior around females which requires he be redirected when he invades the personal interpersonal space of females. When asked if there was any other way, she could have approached client #12 in the hallway to redirect him standing too close, staff B stated, "You can't suggest that he move away. You must be more forceful so that he understands he can't do that. He is like that every day; he must understand he can't just walk up on women." Review on 10/11/22 of client #12's BSP dated 9/27/22 revealed he has target behaviors of physical aggression, self-injurious behavior, property destruction, inappropriate verbal behavior, program refusal, disruption, elopement, inappropriate sexual behavior and threats of self-harm. Interventions for client #12's inappropriate sexual behavior included: Prompt him to stop and redirect him, redirect him from touching other people inappropriately and direct him to a bathroom or bedroom. Assist him with problem solving, give him a few minutes to calm down and assess loss of available points for that interval and available reinforcers for the remainder of the day. Review on 10/12/22 of staff B's personnel records revealed she was hired 8/1/18. Interview on 10/11/22 with the qualified	W 249	See attached POC.	

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W 249	Continued From page 8 intellectual disabilities professional (QIDP) revealed client #12's strategies in his BSP are current and staff should redirect and assist client with problem solving situations to model socially appropriate behavior. Additional interview revealed staff B was assigned to client #12 on 10/11/22 during 1st shift and had been inserviced on his BSP. C. During 2 of 2 mealtime observations in the Royal Cottage throughout the survey on 10/10 - 10/12/22, client #14 entered the dining area and was prompted and assisted to wash his hands. After washing his hands, the staff obtained paper towels and dried his hands for him. At both meals, the client consumed his entire plate of food without drinking any fluids. Although two drinking cups were stacked on the table in front of him, he was not provided any fluids until after he consumed his plate of food. Client #14 was not encouraged to use his napkin to wipe his mouth while eating. Review on 10/10/22 of client #14's IPP dated 7/6/22 revealed under Dining Support Guidelines, "a...Staff should encourage [Client #14] to alternate food and liquids, to eat at a safe pace,...and use his napkin. b. After [Client #14] washes his hands, give the instruction to take 3 paper towels only and count out loud '1,2,3' as he removes each paper towel due to removing excessive amounts of paper towels..." Additional observation of a sign posted in the dining room noted, "General Dining Guidelines: Encourage sips of liquid throughout meal." Interview on 10/11/22 with the Division Director and Unit Manager confirmed client #14's dining guidelines were current and should be followed at	W 249	See attached POC.	

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W 249	Continued From page 9 meals.	W 249		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review, documentation and interviews, the facility failed to ensure data was documented correctly. This affected 1 of 14 audit clients (#6). The findings are: A. Review on 10/12/22 of client #6's Clothing/Body Search documentation sheet, revealed data missing for 10/7/22. B. Review on 10/12/22 of client #6's Daily Room Search Data Sheet, revealed data missing for 10/1 and 10/2/22. During an interview on 10/12/22, the Qualified Intellectual Disabilities Professional (QIDP) confirmed the data was missing for the Clothing/Body Search and Daily Room Search Data sheets. Further interview revealed staff have been trained to ensure documentation for client #6's data sheets is collected each day.	W 252	See attached POC.	
W 268	CONDUCT TOWARD CLIENT CFR(s): 483.450(a)(1)(i) These policies and procedures must promote the growth, development and independence of the client.	W 268	See attached POC.	

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W 268	Continued From page 10 This STANDARD is not met as evidenced by: Based on observations, record review and interview with staff, the facility did not ensure that staff interactions with staff were positive and supported his active treatment strategies. The finding is: During observations on 10/11/22 at 11am, in Meadowview unit 1, staff B walked client #12 into the dining area. Client #12 walked over to the dining room island and declined serving a cheeseburger, baked beans, carrots and pears onto his plate. Client #12 told staff B," I don't want to eat that." Staff B then told client #12 that he would have to dump the food items into the trash can because, " You know that you have to dump that, right?" Client #12 emptied his food items into the trash can and left the dining room area. Client #12 then walked down the hallway and stopped to speak to another female staff standing in a doorway in the hallway. Staff B stopped him and stated, "Heh, no, you are not doing that. What are you doing? You know you are too close, back up. Keep walking. You know you are not supposed to do that." Immediate interview on 10/11/22 with staff B revealed she had transported client #12 back from a local hospital after he was discharged that morning of 10/11/22. She stated he had missed eating breakfast at the hospital as he was being discharged and he chose not to eat lunch when he returned to the facility. Additional interview revealed client #12 has a behavior support program (BSP) that includes inappropriate sexual behavior around females which requires he be redirected when he invades the personal interpersonal space of females. When asked if there was any other way she could have	W 268	See attached POC.	

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W 268	Continued From page 11 approached client #12 in the hallway to redirect him standing too close, staff B stated, "You can't suggest that he move away. You have to be more forceful so that he understands he can't do that. He is like that every day, he has to understand he can't just walk up on women. Additional interview on 10/11/22 with staff B revealed she asked client #12 to dump his food into the trash because, "I don't want him saying I dumped out his food. That is his choice, but he is like that. He would probably say I dumped his food. When asked if that practice was a center policy, staff B stated, "I don't know." Review on 10/11/22 of client #12's BSP dated 9/27/22 revealed he has target behaviors of physical aggression, self-injurious behavior, property destruction, inappropriate verbal behavior, program refusal, disruption, elopement, inappropriate sexual behavior and threats of self-harm. Interventions for client #12's inappropriate sexual behavior included: Prompt him to stop and redirect him, redirect him from touching other people inappropriately and direct him to a bathroom or bedroom. Assist him with problem solving, give him a few minutes to calm down and assess loss of available points for that interval and available reinforcers for the remainder of the day. Review of staff B's personnel records revealed she was hired 8/1/18. Interview on 10/11/22 with the qualified intellectual disabilities professional (QIDP) revealed client #12's strategies in his BSP are current and staff should redirect and assist client with problem solving situations to model socially	W 268	See attached POC.	

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W 268	Continued From page 12 appropriate behavior. Additional interview revealed staff B was assigned to client #12 on 10/11/22 during 1st shift and had been inserviced on his BSP.	W 268	See attached POC.	

Murdoch Developmental Center
2022 ICF/IID Annual Recertification Survey Plan of Correction

W 149

Staff Treatment of Clients CFR9S): 483.420(d)(1): The Facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client.

Standard not met as evidenced by audit client #6 Behavior Support Plan (BSP) implementation.

Psychology will revise Client # 6's Behavior Support Program to clarify parameters for use of Client's SPD-B equipment use (helmet and mittens). All staff assigned to Client # 6 will be in-serviced on the revised parameters by Psychology staff. Division management (to include their designees) will monitor staff compliance with implementation of Client # 6's BSP on an ongoing basis through naturally occurring observations. To assure initial staff understanding and compliance with the revised BSP procedures, division management (to include their designee) will conduct and document random deliberate observations at least 5 times weekly of staff adherence to Client # 6's SPD-B related procedures for a 60-day period. Ongoing assessment of staff's understanding of Client #6's BSP will occur though BSP integrity checks as specified by MDC policy.

Target Date: December 5, 2022

W249

483.440(d)(1) Program Implementation
Each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan

1. **Standard not met as evidenced by audit Client #6's BSP implementation**

   Psychology will revise Client # 6's Behavior Support Program to clarify parameters for use of Client's SPD-B equipment use (helmet and mittens). All staff assigned to Client # 6 will be in-serviced on the revised parameters by Psychology staff. Division management (to include their designees) will monitor staff compliance with implementation of Client # 6's BSP on an ongoing basis through naturally occurring observations. To assure initial staff understanding and compliance with the revised BSP procedures, division management (to include their designee) will conduct and document random deliberate observations at least 5 times weekly of staff adherence to Client # 6's SPD-B related procedures for a 60-day period. Ongoing assessment of staff's understanding of Client #6's BSP will occur though BSP integrity checks as specified by MDC policy.

   Target Date: December 5, 2022

2. **Standard not met as evidenced by audit of Client #12 BSP implementation.**

   Psychology will develop staff training procedures that further emphasize redirection, coaching, and therapeutic feedback techniques for use in response to targeted maladaptive behaviors for Clients served in the BART/Next Step programs (which is inclusive of Client # 12). All staff assigned to the BART/Next Step programs will be in-serviced on the revised procedures by a training team consisting of Psychology and division management staff. Division management (to include their designees) will monitor staff compliance with implementation of trained procedures on an ongoing basis through naturally occurring observations. To assure initial staff understanding and compliance with the revised procedures, division management (to include their designees) will conduct and document random deliberate observations at least 5 times weekly of staff adherence to revised procedures for a 60-day period. Ongoing assessment of staff's understanding of Client #12's BSP will occur though BSP integrity checks as specified by MDC policy.

   Target Date: December 5, 2022

3. **Standard not met as evidenced by audit of Client # 14 dining guideline implementation.**

   Royall Cottage's Division Director will ensure that all direct care staff in Royall Unit III, are in-serviced on procedures for adherence to established dining guidelines. Royall Cottage professional staff assigned to complete professional meal monitoring will complete weekly observations to assure dining guidelines are being implemented as specified. The Division Director will review the Mealtime Monitoring Checklist monthly for compliance regarding adherence to dining guidelines for client #14 and other people residing in Royall Cottage.

   Target Date: December 5, 2022

W 252

Program Documentation CFR(s): 483.440(e)(1): Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.

Standard not met as evidenced by 1) audit of Client # 6 Clothing/Body search documentation sheet and by 2) audit of Client # 6 Daily Room Search Data Sheet.

All staff assigned to Client # 6's treatment unit will be in-serviced on the time schedule for completing searches as specified for Client # 6 by Psychology staff. Unit management will monitor for staff adherence to planned searches as specified by Client #6's BSP. Psychology staff will monitor data sheets each workday to ensure searches and required documentation has been completed as outlined by Client # 6's BSP.

Target Date: December 5, 2022

W 268

Conduct Toward Client CFR(s): 483.450(a)(1)(i) Policies and procedures must promote the growth, development, and independence of the client.

Standard not met as evidenced by staff interactions with Client #12 that were not positive and supportive of his active treatment strategies.

Psychology will develop staff training procedures that further emphasize redirection, coaching, and therapeutic feedback techniques for use in response to targeted maladaptive behaviors for Clients served in the BART/Next Step programs (which is inclusive of Client # 12). All staff assigned to the BART/Next Step programs will be in-serviced on the revised parameters by a training team consisting of Psychology and division management staff. Division management (to include their designees) will monitor staff compliance with implementation of trained procedures on an ongoing basis through naturally occurring observations. To assure initial staff understanding and compliance with the revised procedures, division management (to include their designees) will conduct and document random deliberate observations at least 5 times weekly of staff adherence to revised procedures for a 60-day period. Ongoing assessment of staff understanding of client feedback techniques will occur though BSP integrity checks as specified by MDC policy.

Target Date: December 5, 2022

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of State Operated Healthcare Facilities
Murdoch Developmental Center

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
KAREN BURKES • DSOHF Director
PAM KUHNO • Director of Murdoch Developmental Center

November 14, 2022

Ms. Lesa Williams, MSW, QIDP, ICF East Team Leader
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Recertification Survey Completed October 10-12, 2022
Murdoch Developmental Center
Provider Number 34G002

Dear Ms. Williams:

Please find enclosed Murdoch Developmental Center's Plan of Correction as a result of the ICF/IID Recertification Survey conducted October 10-12, 2022.

If you have any questions or concerns, please feel free to contact my office at (919) 575-1000.

Sincerely,

Pam Kuhno
Director of Murdoch Developmental Center

Enclosure

Cc: Niki Ashmont
Karen Burkes