

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

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/05/2023
NAME OF PROVIDER OR SUPPLIER BRICES CREEK ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 BRICES CREEK ROAD NEW BERN, NC 28562		
(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>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 complete their investigation within 5 working days of the initial abuse allegation. This affected 1 of 1 audit clients (#3). The finding is:</p> <p>Review on 4/5/23 of the facility's Investigation Summary revealed on 3/7/23, the Director learned of an incident in the home on 3/6/23 involving an unknown staff holding up a metal spoon in front of client #3 in an attempt to calm her down. The Director gathered statements from staff on 3/7/23 and 3/8/23. Staff remained suspended during the investigation.</p> <p>Additional information revealed on 3/13/23, the facility requested an extension. The Long Term Services Supports (LTSS) System Coordinator conducted additional staff interviews on 3/16/23. On 3/23/23, the LTSS System Coordinator reached a conclusion and finalized his investigation. New monitoring procedures were immediately implemented, all staff received training on 3/30/23, and additional staff, who were implicated, but no evidence of abuse, were giving written warnings or a work plan. The Qualified</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	<p>Continued From page 1</p> <p>Intellectual Disabilities Professional (QIDP) along with the Home Manager will do daily monitoring of clients and staff for sixty days.</p> <p>Interview on 4/5/23 with the Director revealed that they had four investigations within their organization simultaneously. The Director revealed in January 2023, the facility laid off the other staff in the LTSS System Coordinator position; and then it was eliminated. The Director revealed explained that there was only staff to handle completing their investigations, after he initiates it. The Director acknowledged that they realized they needed additional time to complete the investigation, and requested the extension. The Director also acknowledged that taking nearly three weeks to complete an abuse investigation was too long.</p>	W 156			