

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

PRINTED: 11/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2022
NAME OF PROVIDER OR SUPPLIER NORTH DRIVE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1216 NORTH DRIVE GOLDSBORO, NC 27534	
(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>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 6 of 6 audit clients (#1, #2, #3, #4, #5, and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the individual Mental Health Plans (MHPs) in the areas of safety restrictions. The findings are:</p> <p>Observations in the home kitchen on 11/29/22-11/30/22 revealed no lock on the utensil drawer containing forks. On 11/29/22 from 4:00pm to 4:40pm, Staff A prepared dinner with client #3. At 4:10pm, client #2 emptied the dishwasher and placed forks in an unlocked utensil drawer with no staff observation. At 4:32pm, client #1 retrieved forks and spoons from the utensil drawer to set the table. Client #3 then opened the utensil drawer, and looked in the drawer. From 5:00pm - 5:15pm, clients #1, #2, #3, #4, and #5 took their plates and utensils to the dishwasher. At 5:16pm, client #2 rinsed dishes and placed utensils in the dishwasher. At 5:32pm, client #3 entered the kitchen and began to sweep. No staff was present. At no time did staff account for forks or lock the utensil drawer.</p>	W 249	<p>W 249:</p> <p>The QP will review all mental health plans, Individual Program Plans, and rights restrictions. QP will make any necessary edits and updates. Close attention will be given to the procedures for handling sharp and blunt items during the review and updated as necessary, the QP, Residential Manager, and RSS will train the Habilitation Technician staff on the updated mental health plans. Staff training will be documented on an in-service training form. The Program Director will supervise these activities and ensure completion.</p> <p>DHSR - Mental Health</p> <p>DEC 13 2022</p> <p>Lic. & Cert. Section</p>	1-29-23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Walter Program Director

12-9-22

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 249	Continued From page 1 During morning observations on 11/30/22 from 7:42am - 8:10am, Staff B prepared breakfast with client #1. At 8:00am, client #6 retrieved forks and spoons from the utensil drawer to place them on the dining table. At no time did staff account for forks or lock the utensil drawer. Review on 11/30/22 of clients' MHPs, dated 12/14/21 client #1; 9/6/22 client #2; 4/26/22 client #3; 2/22/22 client #4; 5/15/22 client #5; and, 7/20/22 client #6, revealed restrictions for sharp or blunt objects due to the severity of housemate behavior. Precautionary measures should include all knives and forks be placed in a locked cabinet and made available for meals upon request. Further review revealed that staff should always ensure after all meals, as well as loading and unloading the dishwasher, that all utensils are accounted for and should be returned to the locked cabinet to ensure safety. Interview on 11/29/22 with Staff A revealed that knives should be locked. When asked if forks or spoons should also be locked, Staff A stated that only knives should be locked. Interview on 11/30/22 with the Program Manager revealed that items that were required to be locked in the MHP should be locked. The Program Manager stated this should include forks if the MHP stipulated forks.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.	W 260			

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W 260	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the Individual Program Plans (IPP's) annually for 3 of 6 audit clients (#4, #5 and #6). The findings are:</p> <p>A. Review on 11/29/22 of client #4's record revealed an IPP dated 2/18/20. Additional review of client #4's record revealed no updated IPP since 2/18/20. During observations in the home throughout the survey on 11/29/22 - 11/30/22, staff and client #4 were observed to participate in meal preparation, setting the dining table, chores, and activities in the home.</p> <p>B. Review on 11/29/22 of client #5's record revealed an IPP dated 3/19/21. Additional review of client #5's record revealed no updated IPP since 3/19/21. During observations in the home throughout the survey on 11/29/22 - 11/30/22, staff and client #5 were observed to participate in setting the dining table, chores, and activities in the home.</p> <p>C. Review on 11/29/22 of client #6's record revealed an IPP dated 9/17/20. Additional review of client #6's record revealed no updated IPP since 9/17/20. During observations in the home throughout the survey on 11/29/22 - 11/30/22, staff and client #6 were observed to participate in setting the dining table, chores, and activities in the home.</p> <p>Interview on 11/30/22 with the ICF Program Director confirmed client #4, client #5 and client #6 did not have readily available updated IPP's. The program director confirmed that IPP's are to be renewed annually. She also confirmed client #4's last available IPP was dated 2/18/20, client</p>	W 260	<p>W 260:</p> <p>QPs will reassess IPPs and CFAs based on consumers #4, #5, and #6' current abilities. The QPs will update required documents and file/ add to specified records. All facility staff will receive inservice training regarding the individual updated documents. The Quality Assurance/ Records Manager, QP, and PD will monitor for compliance.</p>	1-29-23	

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