

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

PRINTED: 01/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522
---	---

(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 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure data relative to the accomplishment of objective criteria was documented in measurable terms. This affected 3 of 3 audit clients (#1, #5 and #6). The findings are:</p> <p>A. Review on 1/9/23 of client #1's Individual Program Plan (IPP) dated 11/9/22 revealed formal training programs for identifying safety signs with data to be collected weekly on Monday, Wednesday and Friday on 2nd shift; washing clothes with data to be collected weekly on Tuesday and Saturday on 2nd shift and operate food processor with data to be collected weekly on Monday, Wednesday and Friday on 2nd shift.</p> <p>Review on 1/10/22 of client #1's program plan data sheets for December 2022 revealed 3 days of documentation for identifying safety signs, 3 days of documentation for washing clothes and 3 days of documentation for operating food processor.</p> <p>B. Review on 1/9/23 of client #5's IPP dated 6/29/22 revealed formal training programs for blow drying hair with data to be collected weekly on Monday, Wednesday and Friday on 2nd shift, wearing a mask with data to be collected weekly</p>	W 252	<p>DHSR - Mental Health</p> <p>JAN 20 2023</p> <p>Lic. & Cert. Section</p> <p><i>[Signature]</i></p>	01-13-22
-------	--	-------	--	----------

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.

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

PRINTED: 01/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522		
(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 252	Continued From page 1 Monday, Wednesday and Friday on 1st shift and Identifying numbers 1-3 with data to be collected on weekly on Monday, Wednesday and Friday on 2nd shift. Review on 1/10/23 of client #5's program plan data sheet for December 2022 revealed 8 days of documentation for blow drying hair and no data was collected for wearing a mask. C. Review on 1/9/23 of client #6's IPP dated 8/10/22 revealed formal training programs for nail care with data to be collected Tuesday and Thursday 2nd shift, wearing a mask with data to be collected Monday, Wednesday and Friday on 1st shift and privacy with data to be collected Monday - Friday on 1st and 2nd shift. Review on 1/10/23 of client #6's program plan data sheet for December 2022 revealed 6 days of documentation for nail care, 0 days of documentation for wearing a mask and 14 days of documentation for privacy. Interview on 1/10/23 with the habilitation specialist confirmed several days of documentation were missing for each goal for clients #1, #5 and #6.	W 252	W 252 A, B, and C The Habilitation Specialist will in-service staff on program implementation, documentation and frequency of data collection for all clients. The clinical team will monitor through routine observations and assessments two times a week for one month and then on a routine basis to ensure staff are implementing and documenting program objectives as prescribed. In the future the Qualified Professional will ensure staff are trained to implement and document program objections as prescribed in their Person-Centered Plans.	03/10/2023	
W 312	DRUG USAGE CFR(s): 483.450(e)(2) be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 312			

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

PRINTED: 01/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/10/2023
NAME OF PROVIDER OR SUPPLIER DOVE ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 102 DOVE ROAD CREEDMOOR, NC 27522		
(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 312	<p>Continued From page 2</p> <p>failed to ensure all medications used to address client's inappropriate behaviors were included in a formal active treatment program. This affected 1 of 3 audit clients (#6). The finding is:</p> <p>Review on 1/10/23 of client #6's Mental Health Plan (MHP) dated 12/8/22 revealed an objective to display refusal of necessary requests on no (0) occasions for 12 consecutive months. Additional review of the plan identified target behaviors of task refusal and skin picking. The plan included the use of Zyprexa and Zoloft.</p> <p>Review on 1/10/23 of a physician's order for client #6 dated 10/25/22 revealed orders for Zoloft for mental health/ behaviors, Zyprexa for behavioral health and Naltrexone for behavior/mental health.</p> <p>Interview on 1/10/23 with the qualified intellectual disability professional (QIDP) revealed Naltrexone should have been incorporated into client #6's mental health plan.</p>	W 312	<p>W 312</p> <p>The Qualified Professional will revise the Person-Centered Plan to make sure it includes all medications. The Psychologist will revise the behavior Support Plan to include all medications. The Qualified Professional will monitor all Behavior Support Plans and Person-Centered Plans when completing Quarterly QP reviews to ensure they are accurate. In the future the Qualified Professional will ensure all medications to address client's inappropriate behaviors are included in the active treatment program.</p>	03/10/2023	