

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

PRINTED: 11/10/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2022
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NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387
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W 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure needed home repairs were completed as indicated. The finding is:</p> <p>During observations in the home throughout the survey on 11/7 - 11/8/22, at least four sets of blinds on various windows in the home were broken, misshapen or missing pieces. Additional observations throughout the home revealed several holes in the walls including the living room, back hallway and at least one client's bedroom. Further observations in the kitchen revealed at least two cabinet doors were loose and disconnected from the hinges.</p> <p>Review on 11/8/22 of maintenance work orders dated 8/30/22 noted repairs needed for holes in walls, repairs to floors/tiles, painting, blind repairs, repairs to light fixtures and doors.</p> <p>Interview on 11/8/22 with the Home Manager (HM) revealed she had submitted work order requests to the home's maintenance person, however, the numerous repairs have not been made as of the date of the survey.</p> <p>Interview on 11/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated the facility's repair man had been out sick; however, they do have other maintenance workers available who can make the needed repairs.</p>	W 104	<p>The facility will ensure all repairs are completed within 7 days of occurrence if possible. By 12/3/2022 all repairs will be completed.</p> <p>The need and completion of repairs will be monitored by Home manager, maintenance and QIDP.</p>	12/3/22
W 210	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)</p>	W 210		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE	(X6) DATE 11/28/2022
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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 210	Continued From page 1 Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 audit clients (#1, #2 and #5) received all assessments were performed within 30 days of admission. The findings are: Review on 11/7/22 of client #1, client #2, and client #5's records revealed they had been admitted to the facility on 4/8/22, 1/31/22 and 8/16/22, respectively. Additional review of each client's record did not include a Physical Therapy (PT) or Occupational Therapy (OT) assessment. Review on 11/7/22 of client #1's nursing note dated 5/19/22 revealed, "...Referrals as requested to OT/PT/ST and audiology..." Review on 11/7/22 of client #2's nursing note dated 2/23/22 revealed, "PT/OT audiology referral for eval will refer..." Review on 11/7/22 of client #5's nursing note dated 9/1/22 revealed, "refer to PT/OT/audiology." Interview on 11/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated no PT or OT assessments for the clients (#1, #2 and #5) were available for review as of the date of the survey.	W 210	The agency will ensure all assessments are completed as required to include the audiological, OT and PTEvaluations. By 12/19/2022 all assessments will be completed and maintained in client chart. The process will be monitored monthly for completeness by the B, IDP,	12/19/2022	
W 221	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)	W 221			

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W 221	<p>Continued From page 2</p> <p>The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 3 of 3 audit clients (#1, #2 and #5) received an audiological assessment. The findings are:</p> <p>Review on 11/7/22 of client #1, client #2 and client #5's records revealed they had been admitted to the facility on 4/8/22, 1/31/22 and 8/16/22, respectively.</p> <p>Review on 11/7/22 of client #1's nursing note dated 5/19/22 revealed, "...Referrals as requested to OT/PT/ST and audiology..."</p> <p>Review on 11/7/22 of client #2's nursing note dated 2/23/22 revealed, "PT/OT audiology referral for eval will refer..."</p> <p>Review on 11/7/22 of client #5's nursing note dated 9/1/22 revealed, "refer to PT/OT/audiology."</p> <p>Additional review of the each client's record did not reveal an audiological examination had been conducted since their admission.</p> <p>Interview on 11/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated no audiological examinations were available for review.</p>	W 221	<p>By 12/19/2022 all audiological assessments will be completed and maintained in medical record.</p> <p>The process will be monitored monthly for needed evaluations bi-monthly by the nurse and monthly by the QIDP.</p>	10/19/22
W 224	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)</p> <p>The comprehensive functional assessment must</p>	W 224		

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W 224	<p>Continued From page 3</p> <p>Include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #1 was assessed for her medication administration skills. This affected 1 of 3 audit clients (#1). The finding is:</p> <p>During morning observations in the home on 11/8/22 at 6:26am, Staff C dispensed client #1's medications in the medication room while the client sat in the dining area eating her breakfast. The staff then took the pills to the client at the table where she ingested them independently.</p> <p>Interview on 11/8/22 with Staff C (the medication technician) revealed she sometimes gives client #1 her medications at the table or she will give them to her after her shower as she walks pass the medication area.</p> <p>Review on 11/8/22 of client #1's Individual Program Plan (IPP) dated 5/6/22 revealed under nursing recommendations, "Participates in self-administration of medications." Additional review of the record did not include an assessment of the client's medication administration skills.</p> <p>Interview on 11/8/22 with the Home Manager (HM) revealed she did not think client #1 had been assessed in the area of medication administration.</p> <p>Interview on 11/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) indicated she did not know if client #1 had an assessment of her</p>	W 224	<p>By 12/15/2022 all clients to include client #1 will be assessed for self medication administration and implemented as appropriate.</p> <p>The implementation will be monitored weekly by Home Manager, bi-monthly by Nurse and monthly by the QIDP.</p>	12/15/22	

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W 224	Continued From page 4 medication administration skills. The QIDP acknowledged the client has various skills in this area and should be participating with administering her medications.	W 224	Alyssa Herring med assessment		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure written informed consent was obtained for client #2's restrictive Behavior Intervention Plan (BIP). This affected 1 of 3 audit clients. The finding is: Review on 11/7/22 of client #2's BIP dated 2/25/22 revealed an objective to decrease the frequency of defined non-compliance to 5 or fewer per month for 10 out of 12 consecutive months. Additional review of the BIP indicated the client ingests "psychotropic medications" to address his behaviors. Further review of the client's current physician's orders noted he receives Abilify, Intuniv, Vyvanse, Lamictal and Remeron. Review of the record did not reveal a consent for client #2's BIP. Interview on 11/8/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #2 ingests medications to address behaviors. When asked if a consent for client #2's BIP had been obtained, the QIDP replied, "I don't see one."	W 263	By 12/8/2022 consent will be obtained for client #2 BIP by guardian. The obtaining of the consents will be monitored by the Home Manager and QIDP.	12/8/22	
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 288			

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W 288	<p>Continued From page 5 CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique to manage client #2's inappropriate behaviors was included in a formal active treatment plan. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 11/7 - 11/8/22, a gaming controller was noted on a table in the living room. After dinner on 11/7/22, client #2 asked Staff B if he could have his controller. The staff indicated he needed to wait until after dinner and chores were done. After breakfast on 11/8/22, client #2 asked Staff D if he could have his controller. The staff explains, "It's too early" and he needed to wait until 9:00am.</p> <p>Interview on 11/8/22 with Staff D revealed client #2 "has certain times" to use his gaming controller. The staff noted he loves to play games using it for extended times. The staff stated, "We tryin to break him out of that."</p> <p>Review on 11/7/22 of client #2's Behavior Intervention Plan (BIP) dated 2/25/22 revealed an objective to decrease his non-compliance. Additional review of the BIP did not include a technique of removing his gaming controller from his bedroom to address inappropriate behaviors.</p> <p>Interview on 11/8/22 with the Home Manager (HM) confirmed client #2's controller was being removed from his bedroom because he would be</p>	W 288	<p>By 12/8/2022 all staff will be inserviced on techniques to manage inappropriate behavior that is included in BIP.</p> <p>Appropriate implementation of techniques that is included in the BIP will be monitored by Home Manager, weekly and IDP monthly.</p>		

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W 288	Continued From page 6 up all night playing his video games.	W 288		
W 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medications used to address the inappropriate behaviors for 3 of 3 audit clients (#1, #2, and #5) were included in a formal active treatment plan. The findings are:</p> <p>A. Review on 11/7/22 of client #1's Individual Program Plan (IPP) dated 5/6/22 revealed a need to decrease behaviors. Additional review of the client's current physician's orders revealed orders for Atarax, Topamax, Risperdal and Intuniv. Further review of the record did not indicate the medications were included in a formal active treatment plan.</p> <p>B. Review on 11/7/22 of client #2's Behavior Intervention Plan (BIP) dated 2/25/22 revealed an objective to decrease the frequency of defined non-compliance to 5 or fewer per month for 10 out of 12 consecutive months. Additional review of the client's current physician's orders identified the use of Abilify, Intuniv, Vyvanse, Lamictal and Remeron. Further review of the BIP did not</p>	W 312	<p>All BIP plan will include the use of medication as required for management of inappropriate behavior by 12/18/2022.</p> <p>The QIDP will monitor all BIP to ensure the inclusion of medications and the nurse per plan</p>	

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W 323	Continued From page 8 #5 had an examination of his vision since his admission to the facility.	W 323	By 12/8/2022 client #5 will obtain a vision evaluation as required. All annuals will be scheduled as required and a monthly review for accuracy will be maintained and updated as needed by Nurse, Home Manager and QIDP.	12/8/2022
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W 312	Continued From page 7 Identify the use of specific behavior medications. C. Review on 11/7/22 of client #5's current physician's orders included orders for Atarax "as needed for anxiety." Additional review of the client's record did not indicate the Atarax was included in a formal active treatment plan. Interview on 11/8/22 with the Home Manager (HM) and the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 has been evaluated for a formal BIP; however, it has not been implemented. Additional interview confirmed client #1 does not have a formal BIP to include her current behavior medications. Further interview indicated client #2 does have a formal BIP; however, it does not include his current behavior medications.	W 312		
W 323	PHYSICIAN SERVICES CFR(s): 483.460(a)(3)(i) The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #5 received an examination of his vision. This affected 1 of 3 audit clients. The finding is: Review on 11/7/22 of client #5's record revealed he was admitted to the facility on 8/16/22. Additional review of the record did not include an evaluation of his vision. Interview on 11/8/22 with the Home Manager (HM) and Qualified Intellectual Disabilities Professional (QIDP) they could not recall if client	W 323		