

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

PRINTED: 01/31/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G179</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/30/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH DRIVE GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1216 NORTH DRIVE</b> <b>GOLDSBORO, NC 27534</b>		
(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  {W 249}	<p><b>INITIAL COMMENTS</b></p> <p>A revisit was conducted on 1/30/23 for all previous deficiencies cited on 11/30/22. Two deficiencies were corrected and one was recited.</p> <p><b>PROGRAM IMPLEMENTATION</b> 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,</p>	W 000  {W 249}	<p>W249: The QP will review consumers' IPPs and make any necessary updates and edits concerning rights restrictions. Guardians will be notified by the QP of any changes made to reflect the changes made to the IPP. The QP and the Program Director will inservice the RSS of changes made to the IPP regarding the procedures for handling sharp items. The RSS will inservice all home staff concerning the procedures for handling sharp items, which would consist of monitoring the consumers when sharp items are being used. Staff training will be documented on an inservice form for all updated training. The QP, RSS, RSM, and PD will monitor for compliance.</p> <p><b>DHSR - Mental Health</b></p> <p><b>FEB 14 2023</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	2-28-23	

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

TITLE

(X6) DATE

*Carol Watts Program Director*

2-9-23

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}	<p>Continued From page 1</p> <p>#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> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	{W 249}			



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{W 249}	<p>Continued From page 2</p> <p>Review of the facility Plan of Correction (POC) revealed:</p> <p>W249 - 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>Observations in the home kitchen on 1/30/23 revealed no lock on the utensil drawer or dishwasher containing forks and knives. In addition, a locked box on top of the refrigerator contained forks and knives.</p> <p>Review on 1/30/23 of clients #1, #4, #5, and #6 record revealed their Individual Program Plans (IPP) were updated between 12/6/22-12/9/22 to include no restrictions to sharp items.</p> <p>Review on 1/30/22 on clients #2 and #3 record did not reveal updates to include no restrictions to sharp items.</p> <p>Review on 1/30/23 of staff training records did not reveal documentation for updated IPP training.</p> <p>Interview on 1/30/23 with the residential supervisor (RS) revealed forks and knives should be a the locked box separate from the utensil drawer. In addition, the RS stated that he had inserviced staff according to these guidelines.</p>			{W 249}			

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{W 249}	Continued From page 3 Interview on 11/30/23 with the Program Manager revealed that sharps restrictions were removed in updated IPPs. The Program Manager stated that staff should have been inserviced on the updated IPP guidelines concerning sharp items. The Program Manager presented staff meeting notes, undated, stating sharp items were to be kept in a locked box.	{W 249}			