STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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 A revisit was conducted on August 28, 2023 for all previous deficiencies cited on June 7, 2023. The following deficiencies have been corrected; W129, W252 and W312. The facility remained out of compliance at W227, W249, W262, W263 and W291.	W 000		
{W 227}	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: The facility failed to assure the individual program plan (IPP) for 1 of 3 sampled clients (#5) included communication objective training to meet the client's needs as evidenced by observation, interview and record verification. The finding is: Afternoon observations in the group home on 6/6/23 from 4:10 PM until supper at 5:15 PM revealed client #5 to spend time wandering around the group home or sitting in a living room chair self-stimming by twirling string beads and emitting vocalizations. Staff were able to verbally prompt the client to load clothes into the laundry for 5 minutes at 4:40 PM and participate in getting his afternoon medications for 5 minutes at 5:05 PM. Morning observations in the group home on 6/7/23 from 6:05 AM until 8:05 AM revealed the client to get ready with staff for 10 minutes at 6:10 AM, put cups on the table for 5 minutes at 6:35 AM, take morning medications for 5 minutes at	{W 227}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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 227}	Continued From page 1	{W 227}		

6:55 AM and eat breakfast for 15 minutes at 7:00 AM, all after verbal prompting from staff. The remainder of the time the client was again observed to wander about the group home or self-stim.

Review of client #5's IPP dated 2/6/23 revealed the client requires encouragement to initiate and complete tasks. Further review of the IPP also revealed the client requires a structured environment. Continued review of the IPP revealed no current speech evaluation has been completed for the client even though observations and staff interviews verified the client to be non-verbal with limited expressive communication skills.

The facility failed to include needed communication training for client #5 to assist with the client's need for structure and to increase the client expressive communication skills to compete with wandering and self-stimming behaviors.

Record review on 8/28/23, revealed client #5 individual program plan (IPP) was revised dated 8/18/23. Communication goal was documented as being a current goal. There was no documentation to review of the goal from 8/18/23-present.

Interview on 8/28/23 the Qualified Intellectual Disabilities Professional (QIDP) verified the goal in the revised IPP was a "work in progress" and had not been implemented at this time. The QIDP also confirmed a speech therapist was hired on 8/1/23 and would implement communication goals and development of a communication wallet which was also a "work in progress".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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}	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) 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. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 1 of 3 audit clients (#1) behavior intervention program was consistently implemented. The finding is: During observation on 6/6/23 at 12:17pm, client #1 ripped his t-shirt after completing his exercise activity. Staff A requested client #1 to give her the shirt. Staff A walked to client #1's bedroom and when she returned she stated "you ripped the shirt so here's another one. Are you going to keep this one on?" During observations on 6/6/23 at 5:10pm, client #1 sat down at the kitchen table for dinner. Prior to dinner being served, client #1 began to rip his t-shirt. The home manager said no and attempted to pull client #1's hands down. Client #1 continued to rip his shirt. The home manager and staff A grabbed his hands to stop him. Client #1 then fell to the floor. Both staff assisted client #1 with getting up from the floor. Client #1 then sat in the chair however, he continued to rip his shirt and became more aggressive towards staff. The home manager removed client #1's t-shirt,	{W 249}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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}	Continued From page 3	{W 249}		

while the Program Director instructed him to go in the time out room. Client #1 walked in the padded time out room where he remained for 15 minutes.

During observations on 6/7/23 at 7:07am, client #1 sat down at the table for breakfast. He immediately started to rip his shirt. Staff B said to client #1 "stop, walk away." Client #1 walked into the living room and sat in the recliner. While sitting, client #1 ripped his shirt completely. At 7:18pm, staff B assisted client #1 with putting on another shirt. Within minutes, client #1 ripped his shirt again.

Review on 6/7/23 of client #1's Behavior Intervention Program (BIP) dated 10/10/21 revealed preventative strategies: "if [client #1] engages in picking at his shirt, he should be given a lint roller. [Client #1] should be given access to container of magazine pages and/or clothing that he is allowed to tear, this may be used on the van or the group home. Throughout the day, [client #1] should be presented with a variety of activities to engage in that are incompatible with clothes tearing. These activities should be required the use of his hands. Staff should always be engaging with [client #1] with materials such as puzzles, games, adult coloring books, drawing, painting, etc."

Interview on 6/7/23 with the Program Director (PD) revealed the strategies listed in client #1's BIP should have been removed from the plan. They have tried many different techniques to prevent client #1 from ripping his shirt however nothing had worked. The PD confirmed that based on the current BIP, staff did not implement the plan as written.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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}	Continued From page 4 Interview on 8/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was on leave earlier this month and the Psychologist did not get an opportunity to revise the BIP until last week. The QIDP also revealed that neither the Psychologist or her have implemented any retraining of staff on client #1's program. The QIDP confirmed she had not reviewed any of the BIP documentation because it was already collected by the Psychologist.	{W 249}		
{W 262}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive behavior support plan (BSP) for 1 of 3 audit clients (#1) was reviewed and monitored by the human rights committee (HRC). The finding is: Review on 6/7/23 of client #1's BIP dated 10/10/21 revealed an objective that Client #1 will display 5 or fewer target behaviors for 8 months during a 12-month period by September 30, 2023. Further review revealed client #1 may damage or destroy his clothing if allowed free access to it, his closet will be locked. The key for his closet will be kept on the bulletin board in the dining room and client #1 will be able to access his closet by pointing to the key or bringing the key to staff. When finished, the key is to be returned to the bulletin board. Interventions listed	{W 262}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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 262}	Continued From page 5 in the BIP for client #1 aggression includes the use of an Isolation Time-Out (ITO) room. Staff are to escort client #1 to the timeout room at the home or a quiet and he is to be released when calm for 2 minutes. Maximum time in ITO room is 15 minutes. If he is not calm at the end of the 15 minutes the time can be extended by the Qualified Intellectual Disabilities Professional (QIDP). Review of the client #1's physician's order revealed Divalproex 500mg and Rexulti 4mg for behaviors. Review on 6/7/23 of the facility's HRC minutes revealed no evidence that client #1's BIP had been reviewed, approved or monitored by the HRC. Interview on 6/7/23 with Program Director confirmed that based on the information provided, there was no evidence client #1's BIP had been reviewed by the HRC. Interview on 8/28/23 with the QIDP revealed the BIP was not revised until 8/19/23 and it was in the process of being reviewed by their HRC.	{W 262}		
{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 #1's restrictive Behavior	{W 263}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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 263}	Continued From page 6	{W 263}		

Intervention Plan (BIP). This affected 1 of 3 audit clients. The finding is:

Review on 6/7/23 of client #1's BIP dated 10/10/21 revealed an objective that Client #1 will display 5 or fewer target behaviors for 8 months during a 12-month period by September 30, 2023. Further review revealed client #1 may damage or destroy his clothing if allowed free access to it, his closet will be locked. The key for his closet will be kept on the bulletin board in the dining room and client #1 will be able to access his closet by pointing to the key or bringing the key to staff. When finished, the key is to be returned to the bulletin board. Interventions listed in the BIP for client #1 aggression includes the use of an Isolation Time-Out (ITO) room. Staff are to escort client #1 to the timeout room at the home or a quiet and he is to be released when calm for 2 minutes. Maximum time in ITO room is 15 minutes. If he is not calm at the end of the 15 minutes the time can be extended by the Qualified Intellectual Disabilities Professional (QIDP).

Review of the client #1's physician's order revealed Divalproex 500mg and Rexulti 4mg for behaviors.

Interview on 6/7/23 with Program Director revealed she believed the facility had obtained written consent from client #1's guardian however, she was not able to locate the consent in his records.

Interview on 8/28/23 with the QIDP revealed she had to wait until this month for the Psychologist to review and revise the BIPs. The QIDP acknowledged she recently sent a copy of the BIP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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 263}	Continued From page 7 consent to client #1's guardian to review and was waiting for the signed copy.	{W 263}		
{W 291}	TIME OUT ROOMS CFR(s): 483.450(c)(1) A client may be placed in a room from which egress is prevented only if the following conditions are met: (i) The placement is a part of an approved systematic time-out program as required by paragraph (b) of this section. (Thus, emergency placement of a client into a time-out room is not allowed.) (ii) The client is under the direct constant visual supervision of designated staff. (iii) The door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 3 audit clients (#1) was monitored appropriately while in isolation time-out (ITO). The finding is: During observations on 6/6/23 at 5:10pm, client #1 sat down at the kitchen table for dinner. Prior to dinner being served, client #1 began to rip his t-shirt. The home manager said no and attempted to pull client #1's hands down. Client #1 continued to rip his shirt. The home manager and staff A grabbed his hands to stop him. Client #1 then fell to the floor. Both staff assisted client #1 with getting up from the floor. Client #1 then sat in the chair however continued to rip his shirt and became more aggressive towards staff. The	{W 291}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G240	A. BUILDING _____ B. WING _____	R 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DICKENS DRIVE HOME	113 DICKENS DRIVE RALEIGH, NC 27610

(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 291}	Continued From page 8	{W 291}		

home manager removed client #1's t-shirt, while the Program Director instructed him to go in the time out room. Client #1 walked in the padded time out room where he remained for 15 minutes. While in the Isolated Time Out (ITO) room, it was noted that staff B constantly look down at his cellphone to check the time remaining; he briefly walked away from the door and he also looked away to talk to another staff in the room. Once the 15 minutes had expired, staff B opened the door for client #1 to exit the room however, no documentation was recorded regarding client #1's activities while in ITO.

Interview on 6/7/23 with the Program Director revealed due to client #1's aggressive behaviors the facility implemented the use of the ITO room. She confirmed staff should provide constant supervision while a client is inside of the room and they had not documented the clients activities while in the ITO room as required.

Interview on 8/28/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she did not know if the ITO continued to be used after 6/7/23. The QIDP acknowledged, she had not reviewed any of the behavior data or ITO logs to determine its usage for client #1. The QIDP revealed she had not trained staff on the proper methods to monitor a client, while in the ITO room. The QIDP revealed the Psychologist revised the BIP last week and she was expecting the Psychologist to conduct training with staff on how to use the ITO and it had not taken place yet.