

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

PRINTED: 10/09/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER LUKE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 206 LUKE STREET EDENTON, NC 27932		
(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 129	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #3 was afforded the right to personal privacy in his home. This affected 1 of 4 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 10/3 - 10/4/23, a motion sensor was noted above client #4's bedroom door. The sensor chimed each time client #4 entered/exited his bedroom. Client #3's bedroom was located directly beside client #4's bedroom. Although no motion sensor was located above client #3's bedroom door, each time the client entered/exited his bedroom, client #4's sensor would chime.</p> <p>Interview on 10/4/23 with Staff A revealed only two clients have approved motion sensors over their bedroom doors to monitor their movement and client #3 was not one of them. The staff did not indicate client #3's movements in/out of his bedroom should be monitored with a motion sensor.</p> <p>Review on 10/4/23 of client #3's Behavior Intervention Plan (BIP) dated 1/15/22 revealed an objective to reduce his frequency of defined tantrum episodes to 4 or less per month for 6 consecutive month. The plan addresses aggression, property destruction, gestural threats/profanity, stealing others property and elopement. Additional review of the BIP did not include the use of a motion sensor to address</p>	W 129			

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.

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W 129	Continued From page 1 inappropriate behaviors. Interview on 10/4/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's movements should not be monitored using a motion sensor. The QIDP acknowledged client #4's motion sensor also detected client #3's movements in/out of his bedroom and needed to be moved.	W 129			
W 383	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observation, document review and interviews, the facility failed to ensure the keys to the drug storage area were not accessible to unauthorized persons. The finding is: Upon arrival to the home on 10/4/23 at 6:22am, the keys to the medication storage room were noted inside the lock on the door. At this time, Staff G was completing various tasks in other areas of the home and at least two clients exited their bedroom and walked near the medication storage room. The keys remained in the door lock until the next person responsible for administering medications arrived for first shift. Interview on 10/4/23 with Staff G revealed during his shift (third shift), he usually keeps the keys to the medication room on a hook in the kitchen or in his pocket. Review on 10/4/23 of staff training dated 7/24/23 revealed, "Med keys are to be on the staff that are administering the medications or the med	W 383			

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W 383	Continued From page 2 monitor. They are not to be hung up or left in doors." Interview on 10/4/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed the keys to the medication storage area should be kept on the person responsible for administering medications and not left in the door.	W 383			