

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

PRINTED: 11/03/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G190	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/02/2023
NAME OF PROVIDER OR SUPPLIER BRICES CREEK ROAD HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3000 BRICES CREEK ROAD NEW BERN, NC 28562		
(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 137	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients had the right to access their personal belongings. This affected 2 of 6 audit clients (#4 and #6). The finding is:</p> <p>During morning observations on 11/2/23 at 6:06am staff E took client #4 to the kitchen cabinet and used the key to unlock a kitchen cabinet. Staff E retrieved client #4's grooming kit and took him to the bathroom to change from his pajamas into his clothing for the day. Afterwards, staff E took the key and locked up client #4's grooming kit in a kitchen cabinet.</p> <p>During early morning observations on 11/2/23 at 8:14am, staff F took client #6 to the kitchen to a locked cabinet. She used her key to unlock the cabinet and retrieved a grooming kit for client #6. Staff F then took client #6 to the bathroom at 8:16am to assist her in brushing her teeth. Afterwards, staff E took the key and locked up client #6's grooming kit in a kitchen cabinet.</p> <p>Interview on 11/2/23 with the residential manager (RM) revealed that all clients grooming kits are kept locked in the kitchen cabinet and staff have been doing this for several months prior to her assuming job responsibilities.</p> <p>Review on 11/2/23 of client #4's individual program plan (IPP) dated 9/5/23 revealed no</p>	W 137			

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 137	Continued From page 1 restrictions to his personal items which includes his grooming kit. Review on 11/2/23 of client #6's IPP dated 10/2/23 revealed no restrictions to her personal items which includes her grooming kit. Interview on 11/2/23 with the qualified intellectual disabilities professional (QIDP) revealed client #4 and #6's grooming kits should not be kept locked in a cabinet.	W 137			
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 observations, interviews and record reviews, the facility failed to ensure for 1 of 3 audit clients (#6) that the interdisciplinary team consistently implemented formal goals and objectives in the areas of toothbrushing. The finding is: During observations on 11/2/23 staff F took client #6 to the bathroom at 8:16am to assist her with toothbrushing. Staff F encouraged her to bring the toothbrush to her mouth and start brushing the upper surfaces of her teeth. Client #6 briefly	W 249			

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W 249	Continued From page 2 took the toothbrush and brushed the upper surfaces of her teeth and then put her toothbrush in the sink. Staff F instructed her to rinse her toothbrush and put it back in her grooming kit. Toothbrushing lasted less than 50 seconds. Review on 11/2/23 of client #6's individual program plan (IPP) dated 10/2/23 revealed a formal program for toothbrushing which included the following instructions: Will wet her toothbrush, apply toothpaste, staff will provide hand over hand assistance with brushing all quadrants of her teeth. Provide verbal praise for compliance of these tasks. Interview on 11/2/23 with the qualified intellectual disabilities professional (QIDP) revealed staff are to encourage client #6 to initially brush her teeth and then provided hand over hand assistance to re-brush any quadrants of her teeth that she missed.	W 249			
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 restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#6). The finding is: Review on 11/1/23 of client #6's behavior support program (BSP) dated 9/28/23 revealed she has the following target behaviors: Severe Disruption	W 263			

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W 263	Continued From page 3 and PICA. This BSP incorporates the use of several medications which include: Clozaril, Zoloft, Intuniv and Inosital. Review on 11/1/23 of client #6's individual program plan (IPP) dated 10/2/23 revealed she has a legal guardian of the person which is her Father. Review on 11/1/23 of client #6's BSP consent revealed it was not signed by client #6's legal guardian. Interview on 11/1/23 with the qualified intellectual disabilities professional (QIDP) revealed she had failed to obtain written informed consent for client #6's restrictive BSP.	W 263			
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observation and interviews, the facility failed to ensure client #3 ate in a manner which was not stigmatizing. This affected 1 of 6 non-audit clients (#3). The finding is: During observations of supper on 11/1/23 at 5:53pm, client #3 was provided a paper plate, plastic utensils and a plastic cup at the dining room table. Staff assisted him to serve salmon patties, peas, peaches and bread onto his plate. Client #3 initially picked up his plastic fork and started to eat, then put it down on the table and ate the remainder of his supper with his fingers.	W 488			

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W 488	<p>Continued From page 4</p> <p>Immediate interview with staff C revealed client #3 does not like to eat with plastic utensils and prefers to use his fingers. Staff C stated the dishwasher is broken and has not been repaired so the management company has instructed direct care staff to use paper plates, plastic utensils and plastic cups because they are easier to sanitize.</p> <p>During observations of breakfast on 11/2/23 at 8:00am staff assisted client #3 to serve oatmeal, muffins, scrambled eggs and pears onto a paper plate. he was given plastic utensils which included a plastic spoon and fork. Client #3 tried to use his plastic spoon to eat the oatmeal, had spillage and then laid his spoon on the table. Further observations revealed that he ate the remainder of his scrambled eggs, muffin and fruit with his fingers.</p> <p>Interview on 11/2/23 with the qualified intellectual disabilities professional (QIDP) revealed the dishwasher is broken and has not been repaired so the management company has instructed direct care staff to use paper plates, plastic utensils and plastic cups because they are easier to sanitize. Further interview revealed client #3 does not like to eat with plastic utensils so he resorts to eating with his fingers. Additional interview confirmed client #3 has a formal training program to eat with his utensils that should be consistently implemented.</p>	W 488			