

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/30/2023
NAME OF PROVIDER OR SUPPLIER DICKENS DRIVE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 113 DICKENS DRIVE RALEIGH, NC 27610		
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{W 000}	INITIAL COMMENTS	{W 000}			
W 159	<p>A revisit was conducted on October 30, 2023 for all previous deficiencies cited on August 28, 2023. The following deficiencies have been corrected; W227, W262, W263 and W291. The facility remained out of compliance at W249 with additional areas of non-compliance.</p> <p>QIDP CFR(s): 483.430(a)</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the qualified intellectual disability professional (QIDP) coordinated, integrated, and monitored as needed for 1 of 2 audit clients(#1). The finding is:</p> <p>Review on 10/30/23 of client #1's behavior support plan (BSP) revealed target behaviors aggression, clothes ripping and self-injurious behaviors. Client #1's behaviors to be documented daily. September 2023 had documented behaviors, October 2023 no documented behaviors. Further review revealed an In-service on 9/1/23 on Isolation time out and client #1's BSP.</p> <p>Interview on 10/30/23 the psychologist confirmed all behaviors should be documented daily on the behavior data sheet.</p> <p>Interview on 10/30/23 the Program Director confirmed the QIDP was contracted at this time. The Program Director also acknowledged the duties of the QIDP consultant are reviewing the</p>	W 159			

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.

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

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W 159 {W 249}	Continued From page 1 documentation and coordinating services with other disciplines to ensure client needs are being met. 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	W 159 {W 249}			

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{W 249}	<p>Continued From page 2</p> <p>#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, 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.</p> <p>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.</p> <p>Review on 6/7/23 of client #1's Behavior Support Program (BSP) 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."</p> <p>Interview on 6/7/23 with the Program Director (PD) revealed the strategies listed in client #1's BSP should have been removed from the plan.</p>	{W 249}			

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{W 249}	<p>Continued From page 3</p> <p>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 BSP, staff did not implement the plan as written.</p> <p>A follow-up visit was conducted on 8/28/23.</p> <p>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 IPP 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 IPP documentation because it was already collected by the Psychologist.</p> <p>A follow-up visit was conducted on 10/30/23.</p> <p>During observations at the home on 10/30/23 at 10:25 am, client #1 arrived home with Staff A. Before entering the home, client #1 was observed making loud vocal noises, stomping his feet and ripping the collar of his white undershirt. Staff A verbally redirected client #1 to stop but he continued to pull the undershirt over his head and gave it to Staff A. When client #1 entered the home, he remained shirtless, sat in recliner in living room and watched television. He was not holding any objects in his hands, to keep them occupied. Staff A primarily remained in the living room with client #1 and did not offer him magazines to rip, per his BSP.</p> <p>Record review on 10/30/23 of client #1's BSP dated 8/20/23 revealed the following guidelines: Staff should tell client #1 to stop when he</p>	{W 249}		

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{W 249}	<p>Continued From page 4</p> <p>engages in tearing. If no further behavior occurs, staff do not need to take further action but monitor him the next fifteen minutes. Staff should redirect client #1 to activities that require the use of his hands to discourage him picking at clothes. At home, client #1 can be allowed to tear up old magazines but not clothing.</p> <p>An additional review on 10/30/23 of the BSP revealed new language that client #1 should wear a regular dress shirt when he went on outings that require a more formal dress. A "tear-away" shirt should be kept available when on outings.</p> <p>Record review on 10/30/23 of the ITO Log for September, 2023 was reviewed. The criteria for recording data was if client #1 displayed aggression, self-injurious behaviors, clothes tearing or elopement. No minimum was listed with the maximum identified as 15 minutes. He should be released from ITO when calm, which equated to 2 minutes.</p> <p>Record review on 10/30/23 revealed Staff A received training on client #1's revised BSP from 9/1/23 until 9/5/23.</p> <p>Interview on 10/30/23 with Staff A revealed client #1 and her returned home from a doctor's appointment this morning. Staff A acknowledged today she did not record any data on the ITO after she redirected client #1 to stop tearing his shirt.</p> <p>Interview on 10/30/23 with the PD revealed she was surprised to learn today that a "tear-away" shirt was re-implemented in the BSP for client #1 because it was removed 5 to 6 years ago. The PD revealed they no longer had access to this type of shirt to implement any preventative</p>	{W 249}			

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{W 249}	Continued From page 5 measures. The PD further revealed her expectation was for staff to follow the BSP and record an entry on the ITO log whenever client #1 displayed a target behavior. The PD reviewed the ITO log and the revised BSP for client #1 and acknowledged the instructions differed and did not inform staff to record all target behaviors on the form. The PD confirmed the QIDP consultant and Psychologist were expected to monitor and ensure the BSP was implemented as written. Interview on 10/30/23 with the Psychologist revealed she had spoken with the QIDP consultant who made recommendations for the revised BSP on 8/20/23. The Psychologist acknowledged that she trained all staff on the BSP and ITO guidelines last month and even if the ITO log did not have all the details, staff were expected to follow the plan. The Psychologist revealed staff should use the ITO log whenever client #1 displays any of his targeted behaviors. The Psychologist also revealed staff should have offered client #1 a replacement activity to occupy his hands after he was redirected ripping his shirt today.	{W 249}			
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure all data	W 252			

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W 252	<p>Continued From page 6</p> <p>relative to targeted behaviors in the behavior support plan (BSP) were documented for 1 of 2 audit clients (#1). The finding is:</p> <p>During observations at the home on 10/30/23 at 10:25 am, client #1 arrived home with Staff A. Before entering the home, client #1 was observed making loud vocal noises, stomping his feet and ripping the collar of his white undershirt. Staff A verbally redirected client #1 to stop but he continued to pull the undershirt over his head and gave it to Staff A.</p> <p>Record review on 10/30/23 of client #1's BSP dated 8/20/23 revealed the following guidelines: Staff should tell client #1 to stop when he engages in tearing. If no further behavior occurs, staff do not need to take further action but monitor him the next fifteen minutes. If behavior continues after direction to stop, staff will immediately implement Isolation Time Out (ITO). Client #1 can be released from ITO if remains calm for 2 minutes.</p> <p>Record review on 10/30/23 of the ITO Log for September, 2023 was reviewed. The criteria for recording data was if client #1 displayed aggression, self-injurious behaviors, clothes tearing or elopement. No minimum was listed with the maximum identified as 15 minutes. He should be released from ITO when calm, which equated to 2 minutes. The log had one entry on 9/28/23 at 4:40 pm for peer aggression, lasting 10 minutes. There were no entries between October 1-30, 2023.</p> <p>Record review on 10/30/23 revealed Staff A received training by the Psychologist on client #1's revised BSP from 9/1/23 until 9/5/23.</p>	W 252			

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W 252	Continued From page 7 Interview on 10/30/23 with Staff A revealed she did not record any data on the ITO after she redirected client #1 to stop tearing his shirt. Staff A stated that recently, the Psychologist informed staff they did not need to complete the form if client #1 did not use the ITO room. Interview on 10/30/23 with the Program Director revealed she expected staff to complete the ITO after a target behavior and record an 0 in the entry. The Program Director reviewed the ITO log and the revised BSP for client #1 and acknowledged the instructions differed and did not inform staff to record all target behaviors on the form. Interview on 10/30/23 with the Psychologist revealed she had spoken with the Qualified Intellectual Disabilities Professional (QIDP) consultant who made recommendations for the revised BSP. The Psychologist acknowledged that she trained all staff on the BSP and ITO guidelines last month and even if the ITO log did not have all the details, staff were expected to follow the plan. The Psychologist revealed staff should use the ITO log whenever client #1 displays any of his targeted behaviors.	W 252			