

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

PRINTED: 06/09/2023
FORM APPROVED
OMB NO. 0938-0391

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 06/07/2023
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NAME OF PROVIDER OR SUPPLIER DICKENS DRIVE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 113 DICKENS DRIVE RALEIGH, NC 27610
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(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
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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 observation and interview, the facility failed to ensure the personal privacy of 6 of 6 clients residing in the home (#1, #2, #3, #4, #5 and #6). The finding is:</p> <p>Observation on 6/6/23 at 11:45 AM revealed cameras mounted on the walls of the living room, activity room, dining room, medication room and staff office.</p> <p>Interview on 6/7/23 with the Program Director (PD) revealed the cameras were installed within the past year. Further interview revealed they are used to monitor what is going on in the home via management cellphones. Continued interview revealed the idea was suggested by one of the client's guardians however, they did not obtain written consent or inform all of the client guardians of the video monitoring system.</p>	W 129	<p>During our annual survey, a review of systems revealed that although we have a photographic consent that is obtained by client guardians annually, this consent does not address the camera system that we utilize to observe client/staff interactions. We will develop a new consent form and obtain consent from guardians for the camera system that we utilize.</p>	Within 60 days
W 227	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)</p> <p>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:</p>	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Romy S. Harro* TITLE: *Clinical Director / OP* (X6) DATE: *6/28/23*

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 227	Continued From page 1 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 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	W 227	During our annual survey, a systems review revealed the need to address communications training for our clients. While we have been actively seeking a Speech Therapist, we had previously found it difficult to identify this specialist. We have recently recruited a SLP who we hope to bring on board as a consultant within the next few weeks. Once hired, the SLP will conduct evaluations and work with the team to identify methods to aid our consumers in learning methods to communicate. In the interim, the Qualified Professional will implement a communication goal for the consumer to assist with his ability to communicate with others. The Qualified Professional will monitor the effectiveness of this communication goal at least monthly until the development and implementation of the goal(s) provided by the SLP.	Within 60 days	

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W 227	Continued From page 2 behaviors.	W 227		
W 249	<p>PROGRAM IMPLEMENTATION 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 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:</p> <p>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?"</p> <p>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</p>	W 249		

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W 249	<p>Continued From page 3</p> <p>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 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."</p> <p>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</p>	W 249	<p>A systems review revealed that the current Behavior Plan had various treatment methods that have been utilized with the consumer to redirect his behaviors, there is additional need to review the plan for accuracy and to train staff on the most effective methods to be used. As a result, the treatment team will meet to discuss the client's behaviors to determine the best strategies to redirect the consumer's behaviors and revise the behavior plan as needed.</p>	Within 60 days	

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W 249	Continued From page 4 nothing had worked. The PD confirmed that based on the current BIP, staff did not implement the plan as written.	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 interview the facility failed to ensure data relative to the accomplishment of objectives specified in the individual program plan (IPP) was documented in measurable terms. This affected 1 of 3 audit clients (#1). 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	W 252	A systems review revealed that the current Behavior Plan had various treatment methods that have been utilized with the consumer to redirect his behaviors, there is additional need to review the plan for accuracy and to train staff on the most effective methods to be used. As a result, upon review of the behavior plan, the Qualified Professional will arrange to have all staff trained on the revised plan and how to document the consumers behaviors. Behavior data review will be reviewed at least monthly by the Qualified Professional and/or their designee.	Within 60 days

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W 252	<p>Continued From page 5</p> <p>sat in the chair however 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 record revealed a Behavior Intervention Plan dated 10/10/21 with the following targeted behaviors: aggression; self injurious behavior; clothes tearing; and elopement. Objectives were 1) Client #1 will display 5 or fewer target behaviors for 8 months during a 12-month period by September 30, 2023.</p> <p>Review on 6/7/23 of client #1's data sheets for 4/30/23 - 6/7/23 revealed missing data for 44 days.</p> <p>Interview on 6/7/23 with the Program Director (PD) revealed staff should document client behaviors on the data sheet located in the clients behavior book. Staff do not record data in any other location. The PD confirmed that client #1's behaviors on 6/6/23 and 6/7/23 had not been documented.</p>	W 252			
W 262	PROGRAM MONITORING & CHANGE	W 262			

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W 262	<p>Continued From page 6 CFR(s): 483.440(f)(3)(i)</p> <p>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:</p> <p>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).</p> <p>Review of the client #1's physician's order revealed Divalproex 500mg and Rexulti 4mg for behaviors.</p>	W 262	<p>A systems review revealed an oversight of our Behavior Support Plan process. Following the revision of the consumer's Behavior Plan, the Qualified Professional will ensure that the plan is reviewed and approved by the Clients Rights Committee. Moving forward, the Qualified Professional will ensure that all Behavior Plans are reviewed by CRC as required and consent is obtained by the guardian. The Qualified Professional will conduct a review of all client files to ensure that all Behavior Plans have been reviewed and approved by CRC within 60 days.</p>	Within 60 days	

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W 262	Continued From page 7 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.	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 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	W 263	A systems review revealed an oversight of our Behavior Support Plan process. Following the revision of the consumer's Behavior Plan, the Qualified Professional will ensure that the plan is reviewed and approved by the Clients Rights Committee. Moving forward, the Qualified Professional will ensure that all Behavior Plans are reviewed by CRC as required and consent is obtained by the guardian. The Qualified Professional will conduct a review of all client files to ensure that all Behavior Plans have been reviewed and approved by CRC within 60 days.	Within 60 days	

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W 263	Continued From page 8 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.	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	W 291			

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W 291	<p>Continued From page 9</p> <p>interview the facility failed to ensure 1 of 3 audit clients (#1) was monitored appropriately while in isolation time-out (ITO). The finding is:</p> <p>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 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.</p> <p>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.</p>	W 291	<p>A systems review revealed that the current Behavior Plan had various treatment methods that have been utilized with the consumer to redirect his behaviors, there is additional need to review the plan for accuracy and to train staff on the most effective methods to be used. As a result, upon review of the behavior plan, the Qualified Professional will arrange to have all staff trained on the revised plan and how to document the consumers behaviors. Additionally, the treatment team will consider the utilization of a timer that can possibly be mounted near the ITO room to aid in maintaining constant monitoring of the consumer during ITO. Behavior data review will be reviewed at least monthly by the Qualified Professional and/or their designee.</p>	Within 60 days	
W 312	DRUG USAGE CFR(s): 483.450(e)(2)	W 312			

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W 312	Continued From page 10 be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: The facility failed to assure that the behavioral drugs used for 1 of 3 sampled client (#5) were only used as an integral part of the client's individual program plan (IPP) as evidenced by interview and record verification. The finding is: Review of client #5's IPP dated 2/6/23, substantiated by review of the client's physician's orders dated 1/9/23, revealed the client to be prescribed Zoloft 50 mg at bedtime for anxiety. Interview with the program director (PD) and the facility psychologist, substantiated by further review of the IPP, revealed the client currently does not have a behavior intervention plan to address anxiety or monitor the effectiveness of the behavior medication as required. In addition, continued review of the IPP and physician's orders revealed the client is also prescribed Melatonin 5 mg at bedtime for insomnia. Interview with the PD revealed the facility does not currently have a monitoring system in place to evaluate the effectiveness of the medication for client #5.	W 312	A review of systems during our annual survey revealed the need to ensure that all medications are included in the respective client's treatment plan. Although this medication was found out to be a recommendation from the client's mother who had also authorized the medication, the team failed to update the client's treatment plan to include the new medications. The Qualified Professional will revise the consumer's plan to ensure that these medications are included. Additionally, although we currently utilize a sleep log that is completed by staff to monitor consumer sleep patterns, we will work with our Psychological consultant in the development of a Behavior Intervention Plan to address any psychotropic medications and their related diagnoses. Behavior Intervention Plan training will be conducted by the Psychologist. The Qualified Professional will maintain documentation of the training.	Within 60 days	