

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2023
NAME OF PROVIDER OR SUPPLIER AIRPORT ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 195 AIRPORT ROAD GOLDSBORO, NC 27530		
(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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure client #6 had the right to access to her own money. This affected 1 of 3 audit clients. The finding is:</p> <p>During morning observations in the home on 5/16/23, Staff E prompted clients to obtain their lock boxes so she could count their money and document it. When client #6 retrieved her lock box and brought it to the staff she did not have the key to unlock it. Staff E simultaneously retrieved another lock box containing client #6's personal tobacco products. Once opened, this secured lock box was noted to contain the key to client #6's money box.</p> <p>Immediate interview with Staff E and Staff A revealed client #6's key to her money lock box is locked in another lock box so "she won't get a hold of it." Additional interview indicated she is only allowed a certain amount of money on her person. Further interview revealed the key to the box containing client #6's tobacco products was kept on a key ring that only staff have access to.</p> <p>Review on 5/16/23 of client #6's Mental Health Plan dated 12/13/22 revealed an objective to have incident free days related to symptoms of DSM-5 primary psychiatric diagnosis specifically, noncompliance. Additional review of the plan noted, "[Client #6] has a history of hoarding items especially things of monetary value. The team</p>	W 137	<p>W137: The QIDP will review all individual program plans and will make any additional updates and edits on the IPP. The CAC will review consumer rights restrictions. Habilitation Staff will be in-service and the training will be documented on an in-service training form. The PD, QIPD, CAC, and RSS will monitor for compliance.</p> <p>DHSR - Mental Health JUN 02 2023 Lic. & Cert. Section</p>	7-15-23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Watters Program Director

5/26/23

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 9S8R11

Facility ID: 922850

If continuation sheet Page 1 of 8

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W 137	Continued From page 1 has issued [Client #6] a lock box for which it is kept in her possession,...[Client #6] knows where to retrieve the key from and has access to it freely, but is encouraged to let staff know when she needs something." Further review of the record did not indicate the client should not have access to her money. Interview on 5/16/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6 should have access to her lock box containing her money.	W 137			

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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client #5's Individual Program Plan (IPP) included objectives to address her behavioral needs. This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 5/15/23 of client #5's IPP dated 3/9/23 revealed the client's "target behaviors" are elopement, physical aggression, property destruction, and profanity/verbal aggression. Additional review of the record indicated the client ingests Risperdal (for agitation), Depakote (a mood stabilizer), Zoloft (an antidepressant) and Trazadone (for insomnia). Further review of the record did not include a formal plan to address client #5's behavioral needs.</p> <p>Interview on 5/16/23 with the Qualified Intellectual</p>	W 227	<p>W227: The QIDP will establish a formal training objective to address the behavioral need for Consumer #5. The QIDP will in-service staff on the updated IPP. Training will be documented on an in-service training form. The QIDP, Habilitation Specialist, and the RSS will monitor for compliance.</p>	7-15-23
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W 227	Continued From page 2 Disabilities Professional (QIDP) confirmed client #5 has identified target behaviors, however, no formal objective had been identified to address her behavioral needs.	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 observations, record reviews and interviews, the facility failed to ensure 3 of 3 audit clients (#3, #5 and #6) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the areas of food preparation and medication administration. The findings are:</p> <p>A. During observations in the home on 5/15/23, staff prompted clients to set the table prior to lunch and dinner meals while staff were noted to complete all cooking tasks. For example, the staff prepared cold cut/cheese sandwiches, tomato soup, meat loaf (prepackaged), mashed potatoes (prepackaged), canned cabbage, canned fruit and rolls without prompting or encouraging clients to assist. The staff also used various appliances in the home including the microwave, electric can</p>	W 249	<p>W249: The QIPD will in-service staff addressing food preparation and participation as indicated in their CFAs. A kitchen schedule is posted in the home for meal preparation activities for Consumers. The Nursing Department will conduct a refresher course on medication administration for the home. All staff training will be documented on an in-service form. The QIPD, Nursing, and RSS will monitor for compliance.</p>	7-15-23
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W 249	<p>Continued From page 3</p> <p>opener and stove. During this time, various clients (#3, #5 and #6) were noted to stand in and around the kitchen area watching staff cook food items.</p> <p>Interview on 5/16/23 with Staff A revealed "some things are restricted" when it comes to cooking. However, the staff noted the clients can cook eggs on the stove, stir, pour, put food in pots, cut vegetables and use the microwave and can opener. When asked if staff have been trained how to assist clients to prepare food items in the kitchen, the staff replied, "Yes and no."</p> <p>Review on 5/16/23 of client #3's Comprehensive Functional Assessment (CFA) dated 6/13/22 revealed, "She is independent in most skills and often initiates assistance where she sees there is a need...As it relates to other domestic skills such as...mealtime/food preparation tasks she does require some level of assistance."</p> <p>Review on 5/16/23 of client #5's CFA dated 2/22/23 indicated, "[Client #5] demonstrates the necessity for verbal cues for some aspects of food/meal preparation skills such as...preparing a simple snack/sandwich, and preparing powdered or frozen beverages."</p> <p>Review on 5/16/23 of client #6's CFA dated 1/12/23 noted, "[Client #6] requires various levels of assistance in the area of food/meal preparation...[Client #6] demonstrates independence in...preparing simple snacks."</p> <p>Interview on 5/16/23 with the Qualified Intellectual Disabilities Professional (QIDP) indicated clients should participate with meal preparation as indicated in their CFA.</p>	W 249	
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W 249		W 249	
	<p>Continued From page 4</p> <p>B. During observations of medication administration in the home on 5/16/23 at 7:23am, Staff E called client #3 into the medication area. Upon entering the area, the client's medication cards were located on table. Client #3 assisted with her medications by telling the staff what some of the medications were for, applying lotion, pouring her water, taking her pills and throwing away trash. The staff retrieved and punched all medications and told the client the name of some of her pills.</p> <p>Interview on 5/16/23 with Staff E revealed client #3 does not have any formal medication administration objectives. Additional interview indicated clients have punched pills in the past but pills were getting "wasted" after some fell out of the pack when clients assisted with punching them.</p> <p>Review on 5/16/23 of client #3's CFA dated 6/13/22 revealed she can recognize her cubicle, obtain medications for correct time frame, punch correct medications from the bubble pack with a verbal cue/physical prompts, and state the name of one of her medication and the purpose.</p> <p>Interview on 5/16/23 with the QIDP indicated clients should participate during medication administration as indicated in the CFA.</p>		
W 288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p>	W 288	

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W 288	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure a technique to manage client #6's inappropriate behavior was included in a formal active treatment program. This affected 1 of 3 audit clients. The finding is:</p> <p>During observations in the home throughout the survey on 5/15 - 5/16/23, client #6's tobacco products were kept locked in a lock box. Staff used a key to retrieve the tobacco products. Client #6 did not have access to the key to the lock box containing her tobacco products.</p> <p>Interview on 5/16/23 with Staff E revealed client #6's snuff (powdered tobacco) is kept locked in a lock box and she does not have access to it. The staff indicate the key to the box was located on the key ring containing the keys to the medication cabinet. Additional interview noted the client receives her tobacco on a schedule with staff supervision.</p> <p>Review on 5/16/23 of client #6's Mental Health Plan (MHP) dated 12/13/22 revealed an objective to have incident free days related to symptoms of DSM-5 primary psychiatric diagnosis specifically, noncompliance. Additional review of the plan indicated, "[Client #6] is aware and able to retrieve her personal can of "snuff". Further review of the MHP did not indicate client #6's tobacco products should be kept locked.</p> <p>Interview on 5/16/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #6's tobacco products are kept locked and it should be included in her MHP.</p> <p>DRUG USAGE</p>	W 288	<p>W288: The QIDP will revise Consumer # 6's IPP to include a statement that indicates her snuff is to be kept in her lockbox. Consumer #6 has a snuff usage schedule. The QIDP will in-service staff and documentation will be included on a training form. The QIDP and RSS staff will monitor for compliance.</p>	7-15-23
W 312		W 312	W312: The QIDP will establish a formal training objective to address the	

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W 312	<p>Continued From page 6 CFR(s): 483.450(e)(2)</p> <p>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: Based on record review and interview, the facility failed to ensure medications used to address client #5's inappropriate behaviors were included in a formal active treatment plan. This affected 1 of 3 audit clients. The finding is:</p> <p>Review on 5/15/23 of client #5's Individual Program Plan (IPP) dated 3/9/23 and physician's orders dated 5/1 - 5/31/23 revealed the client ingests Risperdal (for agitation), Depakote (a mood stabilizer), Zoloft (an antidepressant) and Trazadone (for insomnia). Additional review of the client's record did not include a formal behavior support plan to incorporate the use of the medications.</p> <p>Interview on 5/16/23 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #5 ingests medications to address inappropriate behaviors, however, no formal behavior plan has been implemented.</p>	W 312	<p>(continued from page #6) W312: behavioral need for Consumer #5. The QIDP will in-service staff on the updated IPP. Training will be documented on an in-service training form. The PD, QIDP, Habilitation Specialist, and the RSS will monitor for compliance.</p>	7-15-23
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by:</p>	W 460	<p>W460: QIDP will in-service staff on Consumer #6's IPP and CFA to demonstrate portion size and servings for prescribed diet order. Staff training will be documented on an in-service form. Consumer #6's diet order will be added to diet roster posted on home refrigerator. QIDP and RSS will monitor for compliance.</p>	7-15-23

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W 460	<p>Continued From page 7</p> <p>Based on observations, record review and interview, the facility failed to ensure client #6 received her specially-prescribed diet as indicated. This affected 1 of 3 audit clients. The finding is:</p> <p>During mealtime observations in the home throughout the survey on 5/15 - 5/16/23, client #6 served herself single portions of preferred food items. The client was not prompted or assisted to serve herself double portions of any food items.</p> <p>Interview on 5/16/23 with Staff A revealed client #6 receives double portions of only vegetables.</p> <p>Review of client #6's physician's orders dated 5/1 - 5/31/23 and her Individual Program Plan (IPP) dated 12/13/22 revealed she should consume a low cholesterol family style diet with "double portions except beef and pork served on plate..."</p> <p>Interview on 5/16/23 with the Program Director indicated client #6's physician's orders should be current and correct.</p>	W 460		
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