

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

PRINTED: 06/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/29/2023
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2416 W. VERNON AVENUE KINSTON, NC 28501		
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W 000	INITIAL COMMENTS	W 000			
W 249	<p>A complaint survey was completed on 6/29/23 for intake #NC00202772. The complaint was substantiated. Deficiencies were cited related to the complaint allegations.</p> <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. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure client #1's individual program plans (IPP) was consistently implemented in the area of behavior intervention. This affected 1 of 1 audit client (#1) residing in Parrott 102. The finding is:</p> <p>Review on 6/29/23 of client #1's IPP dated 4/6/23 revealed client #1 has Mild Intellectual Disabilities, Schizoaffective Disorder, Bipolar Type and has several target behaviors which included: physical aggression, self-injurious behavior (SIB), threats of self-harm, ingestion related SIB, property destruction, task related avoidance and non-compliance, verbal aggression, false allegations and inappropriate telephone use.</p>	W 249	<p>The facility will ensure consistency of implementation for resident's IPP in the area of behavior intervention as follows:</p> <ol style="list-style-type: none"> 1) Resident's assigned 1:1 staff will be responsible for conducting and documenting search and seizure as prescribed in the BSP. The assigned 1:1 staff will obtain an additional staff to witness search and seizure activity conducted. 2) All searches will be documented on the search and seizure form and the home log. 3) All charge staff will review search and seizure documentation during shift exchange/priming with oncoming shift to ensure searches occurred. 	7/7/23	

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

TITLE

(X6) DATE

Valerie B. [Signature] - DUA Center Director 7.10.2023

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 249	<p>Continued From page 1</p> <p>Review on 6/29/23 of client #1's behavior support program (BSP) dated 10/11/22 revealed the following target behaviors of: physical aggression, self-injurious behavior (SIB), threats of self-harm, ingestion related SIB, property destruction, task related avoidance and non-compliance, verbal aggression, false allegations and inappropriate telephone use requiring several restrictive interventions. The restrictive interventions include restricting his clothing and personal belongings in a locked closet, plexiglass over his television and remote, 1:1 supervision in his living unit and 2:1 supervision outside the living unit, daily room checks of his room and personal belongings three times daily that is documented on room search and seizure forms. Additional review of the BSP revealed if staff suspect client may have swallowed an inedible item, nursing is notified immediately, and he is placed on crisis supervision which requires 2:1 supervision around the clock until it is verified, he has passed the inedible item.</p> <p>Observations in Parrott 102 on 6/29/23 at 12:15pm revealed client #1 was receiving 1:1 supervision in his living unit from staff B. Observations of his bedroom area revealed his closet was locked, his television and remote were covered in Plexiglass.</p> <p>Interview on 6/29/23 with Nurse A confirmed client #1 receives 1:1 supervision in his living unit and also has crisis supervision if he makes allegations or direct care staff suspect he may have swallowed an inedible item. Further interview confirmed earlier in June 2023 while at the leisure activity center, he ran away from staff taking the television remote and subsequently swallowed 2 triple A batteries. The Nurses were</p>	W 249			

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W 249	<p>Continued From page 2 notified and client #1 was subsequently placed on crisis supervision which requires 2:1 supervision around the clock until it is verified, he has passed the inedible item. Additional interview confirmed that direct care staff complete room searches three times daily and document these searches on a room search and seizure form. Nurse A also stated client #1 has a history in 2011 having surgery repair of his colon completed due to the improper ingestion of an inedible item.</p> <p>Interview on 6/29/23 with staff A confirmed client #1 receives 1:1 supervision in his living unit and also has crisis supervision which increases his staff ratio to 2:1 if he makes allegations or direct care staff suspect he may have swallowed an inedible item. Further interview confirmed direct care assigned to client #1 complete daily room checks of his room and personal belongings three times daily that is documented on room search and seizure forms. Additional interview confirmed client #1 receives 2:1 supervision outside his living unit.</p> <p>Interview on 6/29/23 with staff B revealed client #1 receives 1:1 supervision in his living unit and also has crisis supervision if he makes allegations or direct care staff suspect he may have swallowed an inedible item. Further interview confirmed direct care assigned to client #1 complete daily room checks of his room and personal belongings three times daily that is documented on room search and seizure forms. Additional interview confirmed client #1 receives 2:1 supervision outside his living unit.</p> <p>Interview on 6/29/23 with the behavioral program specialist (BPS) confirmed client #1's room checks are to be completed three times daily and</p>	W 249			

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W 249	Continued From page 3 documented on the room search and seizure form. Further interviews confirmed there had been some lapses in data that had been investigated in May. Additional interviews confirmed client #1 has ingested 4 inedible items in in 6 months which included: a surgical mask, piece of a styrofoam from a headpiece, a piece of an intravenous vein setup kit at the local hospital and 2 triple A batteries. The behavioral program specialist provided client #1's room search sheets for June 2023 which revealed the following: 6/17/23 (third shift): no data 6/18/23: (third shift) no data 6/23/23: (third shift) no supervisor signature 6/28/23: (third shift) no data Interview on 6/29/23 with the qualified intellectual disabilities professional (QIDP) revealed failure to record room searches on 6/17/23, 6/18/23, 6/23/23 and 6/28/23 was a failure to implement client #1's BSP as written.	W 249	The facility will ensure data for search and seizure conducted for resident room is documented and prescribed in the BSP as follows: 1) Home Manager/DSI or designee is responsible for reviewing search and seizure documents for consistency in documentation daily and indicating review of form by initialing bottom of form. 2) Psychology staff will review and gather search and seizure record daily or within 24hrs during regular work hours.		
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 record review and interviews with staff, the facility failed to ensure data for room searches was documented as prescribed in client #1's behavioral support program (BSP). This affected 1 of 1 audit client residing in Parrott	W 252			

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W 252	<p>Continued From page 4</p> <p>102. The finding is:</p> <p>Review on 6/29/23 of client #1's individual program plan (IPP) dated 4/6/23 revealed client #1 has Mild Intellectual Disabilities, Schizoaffective Disorder, Bipolar Type and has several target behaviors which include: physical aggression, self-injurious behavior (SIB), threats of self-harm, ingestion related SIB, property destruction, task related avoidance and non-compliance, verbal aggression, false allegations and inappropriate telephone use.</p> <p>Review on 6/29/23 of client #1's BSP dated 10/11/22 revealed the following target behaviors of: physical aggression, self-injurious behavior (SIB), threats of self-harm, ingestion related SIB, property destruction, task related avoidance and non-compliance, verbal aggression, false allegations and inappropriate telephone use require several restrictive interventions. The restrictive interventions include restricting his clothing and personal belongings in a locked closet, plexiglass over his television and remote, 1:1 supervision in his living unit and 2:1 supervision outside the living unit, daily room checks of his room and personal belongings three times daily that is documented on room search and seizure forms. Additional review of the BSP revealed if staff suspect client may have swallowed an inedible item, Nursing is notified immediately, and he is placed on crisis supervision which requires 2:1 supervision around the clock until it is verified, he has passed the inedible item.</p> <p>Interview on 6/29/23 with Nurse A confirmed client #1 receives 1:1 supervision in his living unit and also has crisis supervision, which increases</p>	W 252			

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W 252	<p>Continued From page 5</p> <p>his staffing ratio to 2:1 if he makes allegations or direct care staff suspect he may have swallowed an inedible item. Interview confirmed that direct care staff complete room searches three times daily and document these searches on a room search and seizure form.</p> <p>Interview on 6/29/23 with staff A confirmed client #1 receives 1:1 supervision in his living unit and also has crisis supervision if he makes allegations or direct care staff suspect he may have swallowed an inedible item. Further interview confirmed direct care assigned to client #1 complete daily room checks of his room and personal belongings three times daily that is documented on room search and seizure forms.</p> <p>Interview on 6/29/23 with staff B revealed client #1 receives 1:1 supervision in his living unit and also has crisis supervision if he makes allegations or direct care staff suspect he may have swallowed an inedible item. Further interview confirmed direct care assigned to client #1 complete daily room checks of his room and personal belongings three times daily that is documented on room search and seizure forms.</p> <p>Interview on 6/29/23 with the behavioral program specialist (BPS) confirmed client #1's room checks are to be completed three times daily and documented on the room search and seizure form. Further interviews confirmed there had been some lapses in data that had been investigated in May 2023. Additional interviews confirmed client #1 has ingested 4 inedible items in in 6 months which included: a surgical mask, piece of a styrofoam from a headpiece, a piece of an intravenous vein setup kit at the local hospital and 2 triple A batteries. The behavioral program</p>	W 252			

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W 252	Continued From page 6 specialist provided client #1's room search sheets for June 2023 which revealed the following: 6/17/23 (third shift): no data 6/18/23: (third shift) no data 6/23/23: (third shift) no supervisor signature 6/28/23: (third shift) no data Interview on 6/29/23 with the qualified intellectual disabilities professional (QIDP) revealed failure to record data for room searches on 6/17/23, 6/18/23, 6/23/23 and 6/28/23 was a failure to collect data as prescribed in client #1's BSP.	W 252			