

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

PRINTED: 05/22/2024
FORM APPROVED
OMB NO. 0938-0391

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 05/21/2024
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 262	<p>PROGRAM MONITORING & CHANGE 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 techniques for 3 of 4 audit clients (#1, #2 and #5) was reviewed and monitored by the human rights committee (HRC). The findings are:</p> <p>A. Review on 5/20/24 of client #1's Behavior Support Plan (BSP) dated 7/13/23 revealed target behaviors consisting of self injurious behavior. Further review on 5/20/24 of client #1's BSP revealed no written consent by the HRC.</p> <p>B. Review on 5/20/24 of client #2's BSP dated 6/15/23 revealed a target behaviors consisting of leaving assigned area and property destruction. Further review on 5/20/24 of client #2's BSP revealed no written consent signed by HRC.</p> <p>C. Review on 5/20/24 of client #5's BSP dated 2/26/24 revealed target behaviors consisting of elopement, physical aggression, property destruction and profanity/verbal aggression. Further review on 5/20/24 of client #5's BSP revealed no written consent by the HRC.</p> <p>Interview on 5/21/24 with the facility's clinical director confirmed there are no HRC consents for clients #1, #2 or #5.</p>	W 262			
W 263	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p>	W 263			

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 263	<p>Continued From page 1</p> <p>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 observations, 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 3 out of 4 audit clients (#1, #2 and #5). The findings are:</p> <p>Observations in the home throughout 5/20/24 and 5/21/24 revealed video cameras in the common areas of the home and a locked cabinet that contains snacks.</p> <p>A. Review on 5/20/24 of client #1's Behavior Support Plan (BSP) dated 7/13/23 revealed no written informed consent of a legal guardian for video monitoring or restricted access to snacks.</p> <p>B. Review on 5/20/24 of client #2's BSP dated 6/15/23 revealed no written informed consent of a legal guardian for video monitoring or restricted access to snacks.</p> <p>C. Review on 5/20/24 of client #5's BSP dated 2/26/24 revealed no written informed consent of a legal guardian for video monitoring or restricted access to snacks.</p> <p>Interview on 5/21/24 with the facility's program director revealed that none of the 3 client's BSP's have written consent for video monitoring or restricted access to snacks. The program director confirmed that the facility should have obtained written informed consent for all clients in the home.</p>	W 263			

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W 287	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used for the convenience of staff. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure a technique to manage inappropriate behavior was not used for the convenience of staff for 3 out of 4 audit clients (#1, #2 and #5). The findings are:</p> <p>During observations in the home on 5/20/24 at 3:45pm, staff A was putting groceries away and once she was done, she locked the cabinet that contained snacks.</p> <p>Review on 5/20/24 of client #1, #2 and #5's behavior support plans (BSP) revealed there was no information about restriction to the snack cabinet.</p> <p>Interview on 5/21/24 with staff C revealed the snacks were locked up due to a client that would try to steal soda's.</p> <p>Interview on 5/21/24 with the program director revealed that she was unaware that snacks were being locked. The program director confirmed there should be no restriction to snacks for the clients unless it was in the BSP.</p>	W 287			
W 289	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program</p>	W 289			

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W 289	<p>Continued From page 3</p> <p>plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the use of systematic interventions to manage clients inappropriate behaviors were incorporated into the client's individual program plan (IPP). This affected 3 of 4 audit clients (#1, #2 and #5). The findings are:</p> <p>A. Record review on 5/20/24 of client #1's IPP dated 7/13/23 revealed a target behavior of self-injurious behavior.</p> <p>Further record review on 5/20/24 of client #1's IPP did not incorporate individualized strategies to manage the client's target behaviors.</p> <p>B. Record review on 5/20/24 of client #2's IPP dated 6/15/23 revealed target behaviors for leaving assigned area and property destruction.</p> <p>Further record review on 5/20/24 of client #2's IPP did not incorporate individualized strategies to manage the client's target behaviors.</p> <p>C. Record review on 5/20/24 of client #5's IPP dated 2/26/24 revealed target behaviors for elopement, physical aggression, property destruction and profanity/verbal aggression.</p> <p>Further record review on 5/20/24 of client #5's IPP did not incorporate individualized strategies to manage the client's target behaviors.</p> <p>Review on 5/20/24 of client #1, #2 and #5's IPP listed the same "behavior interventions" as follows:</p>	W 289			

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W 289	Continued From page 4 1. NOVA Stars 2. Outpatient Treatment/Therapy 3. Redirection 4. Counseling Direction 5. Contracting 6. Processing/Analysis 7. Therapeutic Bridge 8. Blocking 9. Hands Down 11. Simple Hold Releases 12. Complex Hold Releases 13. Other Special Precautions 14. Debriefing Interview on 5/21/24 with the facility's program director confirmed that there are no individualized strategies or interventions listed in the client's IPP's to manage specific behaviors.	W 289			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 3 of 4 audit clients (#1, #2 and #5) received their specially prescribed diet as indicated. The findings are: During observations in the home on 5/20/24 at approximately 3:50pm, the client's sat down at the table for snack. Client #1 got an oatmeal pie and client's #2 and #5 got a pack of nutty buddy's.	W 460			

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W 460	<p>Continued From page 5</p> <p>Further observations in the home on 5/20/24 at 5:00pm, the client's sat down at the table for dinner. Client's #1, #2 and #5 all received a turkey burger on bun, soup, 14 crackers and peach cobbler.</p> <p>Record review on 5/20/24 of client #1's prescribed diet revealed 1500 calorie, regular, low 100 calorie snacks. Review of client #2's prescribed diet revealed 1500 calorie, regular, low calorie snacks, limit caffeine, no soda or candy unless sugar free. Review of client #5's prescribed diet revealed 1500 calorie, monitor portion sizes, encourage appropriate snacks and sugar free beverages.</p> <p>Interview on 5/21/24 wit the facility's program director confirmed nutty buddy's and oatmeal pies would not be consistent with a 1500 calorie, low calorie snack diet. The program director also confirmed that peach cobbler would not be consistent with the diets prescribed for client's #1, #2 and #5.</p>	W 460			