

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

PRINTED: 05/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER BLANCHE DRIVE			STREET ADDRESS, CITY, STATE, ZIP CODE 6208 BLANCHE DRIVE RALEIGH, NC 27607		
(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 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body failed to ensure furniture in the home was sanitary and maintained in good condition. The finding is:</p> <p>During observations in the home during the survey on 5/28 - 29/24, the surveyor noticed there was a brown loveseat in the home facing the front window in the living room. Upon further observations, the surveyor noticed the loveseat has a strong smell of urine. Further observations revealed client #6 was the only client who sat on the loveseat.</p> <p>During an interview on 5/29/24, the Site Manager (SM) revealed client #6 is the only client who sits on the loveseat. Further interview revealed client #6 likes to sit on the couch and look out of the window. Additional interview revealed client #6 is on a informal toileting schedule, that is for every 2 hours.</p>	W 104			
W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the documentation of incidents/accidents. This affected 1 of 4 audit clients (#3). The finding is:</p>	W 189			

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 189	Continued From page 1 During observations in the home on 5/28/24, client #3 was sitting at the dining room table. Further observations revealed at 4:12pm, client #3 fell over, hitting the right side of her head on the chair that was next to her. The Program Manager (PM) came over and assisted client #3 to sit up straight in the dining room chair. The PM then assisted client #3 with walking down the hallway to the medication room. At no time did the PM document that client #3 fell over while she was sitting at the dining room table.	W 189			
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 observations, record review and interviews, the facility failed to ensure 1 of 4 audit clients (#5) behavior data was documented. The finding is: During observations in the home on 5/28/24 from 9:42am until 11:45am and again from 3:44pm until 5:45pm, client #5 was yelling and screaming. Review on 5/29/24 of client #5's behavior data sheet revealed there was no documentation for	W 252			

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W 252	Continued From page 2 5/28/24. Review on 5/29/24 of client #5's behavior data sheet indicated, "Please document all episodes of challenging behavior on this data sheet (target AND non-target behaviors)...." During an interview on 5/29/24, management staff revealed staff should have documented when client #5 was yelling and/or screaming.	W 252		