

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

PRINTED: 06/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1070 PACKING PLANT ROAD SMITHFIELD, NC 27577		
(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 125	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 4 audit clients (#6) had the right to a legally sanctioned decision maker. The finding is:</p> <p>Review on 5/23/24 of client #6's chart revealed a general note that recorded the sisters of the client notified the facility in December 2023 that the guardian died in November, 2023. The two sisters expressed an interest in becoming the guardian for client #6. As of March 2024, there has been no progress in achieving guardianship.</p> <p>Review on 5/23/24 revealed client #6's behavior support plan was revised on 5/14/24 due to his sustained agitation and the impact of his aggression toward staff and peers. Client #6, who has a severe intellectual developmental disability was prescribed Depakote, Thorazine, Klonopin, Cogentin, Clonidine and Trazadone for his behaviors.</p> <p>Review on 5/23/24 revealed client #6 had two hospitalizations this year and had to have one of his behavior medications adjusted, under a doctor's supervision. Client #6 did not have a guardian at the time of this treatment.</p> <p>Interview on 5/23/24 with the nurse revealed they have not been successful in getting the sisters to</p>	W 125			

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 125	Continued From page 1 file for guardianship. The nurse revealed the hospital always contacts the sisters and make them aware of client #6's evaluation and treatment.	W 125			
W 242	Interview on 5/23/24 with the qualified intellectual disabilities professional (QIDP) revealed she started her position four months ago. The QIDP revealed she gives the sisters a weekly update on client #6, but they have never given her a court date to proceed with guardianship. The QIDP revealed she informed her Quality Assurance Manager that guardianship has not been secured. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii) The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure the individual program plan (IPP) for 1 of 4 audit clients (#6) included training in personal skills for privacy when dressing and entering other rooms in the home. The finding is: During observations in the home on 5/22/24 at 3:55pm, client #6 left the bathroom and walked next door to his bedroom and began to dress with the door open. Both Staff A and Staff B had to remind client #6 to close the door while dressing	W 242			

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W 242	Continued From page 2 and pulled the door shut. During observations in the home on 5/22/24 at 4:03pm, client #6 opened the closed door to the medication room, while client #4 was getting his medication. Staff A had to redirect client #6 from the room. In addition, on 5/23/24 between 7:20am to 7:30am, client #6 walked into the closed medication room twice, while client #1 was getting medication. Staff B had to redirect client #6 out of the medication room. Record review on 5/23/24 of client #6's individual program plan (IPP) from 8/25/23 revealed he had no training goal for privacy. Interview on 5/23/24 with Staff B revealed when she tried to redirect client #6 from the medication room today, he struck her and she had to write an incident report. Interview on 5/23/24 with the Habilitation Specialist (HS) revealed she was aware client #6 had the occasion to come out of room not fully dressed and that he entered other clients' bedrooms, to take things. The HS revealed that sometimes client #6 will have a behavior when redirected and he does not have a formal training program to address privacy issues.	W 242			
W 259	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 259			

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W 259	Continued From page 3 failed to ensure the comprehensive functional assessments were updated as needed. This affected 3 of 4 audit clients (#1, #2 and #4). The findings are: A. Record review on 5/22/24 of client #1's Adaptive Behavioral Instrument (ABI) revealed it was reviewed on 11/15/21 and did not have updates. B. Record review on 5/22/24 of client #2's ABI revealed it was reviewed on 10/29/21 and did not have updates. C. Record review on 4/22/24 of client #4's ABI revealed it was reviewed on 10/20/22 and did not have updates. Interview on 5/23/24, the Habilitation Specialist acknowledged she had not gotten around to updating the clients ABI's.	W 259			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2) At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the individual program plan (IPP) for 1 of 4 audit clients (#2) was updated annually. The finding is: Record review on 5/22/24 revealed the date of client #2's last IPP was on 5/12/23. Interview on 5/23/24 with the Habilitation Specialist reviewed she had not scheduled the	W 260			

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W 260	Continued From page 4 IPP meeting for client #2.	W 260			
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) 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 behavioral techniques for 1 of 4 audit clients (#6) were reviewed and monitored by the human rights committee (HRC). The finding is: Review on 5/23/24 of client #6's behavior support plan (BSP) initially drafted on 11/30/23 and later revised on 5/14/24 revealed target behaviors consisting of physical aggression, property destruction and severe disruption. The party in the home was locked to keep client #6 from excessive eating. As well, client #6's toiletries were not stored in his room due to a history of using lubricants for self-pleasure. In addition, in the event, client #6 had behaviors at mealtime, his placement at the table would be limited. There was no indications that the HRC had reviewed and agreed to the BSP currently utilized by staff. Interview on 5/23/24 with the habilitation specialist, nurse and qualified intellectual disabilities professional revealed they were aware the BSP for client #6 had not been reviewed by the HRC, due to him not having a guardian to consent to the BSP.	W 262			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 263			

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W 263	Continued From page 5 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 consent was obtained for restrictive behavioral support plan (BSP) for 1 of 4 audit clients (#6). The finding is: Review on 5/23/24 of client #6's behavior support plan (BSP) completed on 11/30/23 and revised on 5/14/24 revealed target behaviors consisting of physical aggression, property destruction and severe disruption. The BSP required the pqntry to be kept locked to prevent client #6 from excessive eating. As well, client #6's toiletries could not be stored in his room due to a history of using lubricants for self-pleasure. In addition, if client #6 had behaviors at mealtime, his placement at the table was limited. Client #6 was also prescribed Depakote, Thorazine, Klonopin, Cogentin, Clonidine and Trazadone to manage his behaviors. Interview on 5/23/24 with the habilitation specialist, nurse and qualified intellectual disabilities professional revealed they were aware the BSP for client #6 did not have a written consent due to the death of his guardian in November, 2023.	W 263			