


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
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NAME OF PROVIDER OR SUPPLIER COUNTRY MANOR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1070 PACKING PLANT ROAD SMITHFIELD, NC 27577
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(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
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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	<p>RECEIVED JUN 18 2024 DHSR-MH Licensure Sect</p> <p><i>Necheil Blue</i> </p>	6/14/2024
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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.

Country Manor Group Home
Plan of Corrections
For Survey Completed on May 23, 2024

W 125 Protection of Clients Rights

The QP will ensure that each clients' legal guardianship information is accurate and up to date.

W 242 Individual Program Plan

The Habilitation Specialist will review all programs and update as needed to ensure the clients are utilizing programs to help promote their independence and enhance their lives. The Habilitation Specialist will also formulate and implement goals for privacy pertaining to client #6 to promote privacy for himself and others.

W 259 Program Monitoring and Change

The Habilitation Specialist will monitor documentation twice a month for 2 consecutive months to ensure that documentation is accurate and up to date.

W 260 Program Monitoring and Change

The QP will ensure that all clients' IPP plan is updated yearly with the required guardian's signature. This will ensure that legally responsible parties can make all necessary decisions pertaining to any client's needs, including medical and financial.

W 262 Program Monitoring and Change

The QP and the Behavioral Specialist will ensure that all clients with a BSP (Behavioral Support Plan) have been reviewed and approved and possess the required signatures of all required parties as needed.

W 263 Program Monitoring and Change

The QP will take the necessary measures to ensure that a legal guardian is appointed for the client. This will ensure that the client's consents are up-to-date and that all required documents are provided to and signed by the legal guardian.

Target Date: July 22, 2024.