

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
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NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365
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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 130	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, staff failed to ensure 1 of 4 audit clients (#5) receive privacy during dressing. The finding is:</p> <p>During morning observations in the home on 1/24/24 at 7:38 AM, client #5 accidentally spilled a large pitcher of water, which splashed on his pants and shoes. Client #5 returned to his room to change clothing. Client #5 left the door to his room open while replacing his pants, exposing his boxer shorts. At 7:42 AM, Staff A went to client #5's room to get him to come take his medications. She walked into the open room and observed he was dressing. Staff A was not observed to close the bedroom door to ensure privacy or to remind client #5 to close the door first.</p> <p>Record review on 1/24/24 of client #5's Educational/Vocational/Residential Evaluation on 2/2/21 revealed client #5 required verbal prompting, modeling and monitoring assistance for toileting tasks, such as knocking on the door and closing the door. In addition, the Comprehensive Functional Assessment on 11/28/22 revealed that client #5 was independent with dressing.</p> <p>Interview on 1/24/24 with the Clinical Director revealed that client #5 had made improvement in closing the door but privacy remained more of an issue with toileting than with dressing. The</p>	W 130	<p>W 130: The QP/IID will inservice staff on the importance of consumer privacy and the expectations regarding the correct amount of privacy to provide each consumer. The QP/IID and the RSS of the group home will monitor for compliance.</p>	3/24/24
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DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lindan Platts</i>	TITLE Program Director	(X6) DATE 1/30/24
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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.

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

PRINTED: 01/29/2024
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER DAUGHTRY FIELD ROAD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 135 DAUGHTRY FIELD ROAD MOUNT OLIVE, NC 28365		
(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 130	Continued From page 1 Clinical Director acknowledged staff were still expected to close the door if they noticed the client did not do it when dressing.	W 130			
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the staff failed to demonstrate the ability to recognize signs of a fungal nail infection. This affected 1 of 4 audit clients (#3). The finding is: During morning medication administration in the home on 1/24/24 at 7:25 AM, Staff A requested client #3 to remove his socks in order to apply medicated lotion to his feet and legs. Once client #3 removed the sock from his left foot, it revealed a large fungal infection that covered the nail on his left big toe. Review on 1/24/24 of client #3's January 2024 Physician's Orders revealed no prescription to treat the left toenail. Interview on 1/24/24 with the nurse revealed she was unaware of a change in client #4's toenail. The nurse revealed that she went to the classroom to examine client #3's toenail and confirmed it contained a fungus infection and	W 342	W 342: The nursing department will inservice the HT staff, RSS, and QP/IID on the importance of notifying the nurses about any abnormalities that the consumer is displaying, including but not limited to, signs and symptoms of illness. The nursing department and QP/IID will monitor for compliance. The nursing department will schedule an appointment with the Podiatrist for client #3 to be seen and treated. The Program and Clinical Director will monitor for compliance.	3/24/24	

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W 342	Continued From page 2 would need to be seen by a podiatrist. The Nurse revealed that staff were trained to report all new health changes to her.	W 342			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1) The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observation, record review and interview, staff failed to administer medication for 1 of 4 audit clients (#2) as written on the physician's order. The finding is: During morning medication observation in the home on 1/24/24 at 7:10 AM, Staff A prepared 19 tablets of medication for client #2 to ingest, with water. There were packs of crackers on top of furniture in the medication room. Client #2 did not eat breakfast until 8:00 AM. Review on 1/24/24 of client #2's January 2024 Physician's Order revealed Tegretol 100 mg, containing 3.5 chew tablets should be taken with food. Interview on 1/24/24 with the nurse revealed staff have been trained to use crackers to give with medications that require food.	W 368	W 368: The nursing department will inservice the staff on following medication instructions. The nursing department, RSS, and QP/IID will monitor for compliance.	3/24/24	
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.	W 460	W 460: The treatment team will review the diet of client #6. The QP/IID will inservice the HT staff and the RSS on client #6's caffiene restriction to ensure that he is no longer offered beverages with caffiene. The QP/IID, Clinical Director and Program Director will monitor for compliance.	3/24/24	

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W 460	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that dietary orders were followed for 1 of 4 audit clients (#6). The finding is:</p> <p>During dinner observations in the home on 1/23/24 at 5:15 PM revealed client #6 consume a 12 ounce can of Diet Mountain Dew with his meal without incident.</p> <p>Record review on 1/23/24 of client #6's Nutritional Evaluation on 3/14/23 revealed he should only have decaffeinated beverages due to diagnosis of Ulcerative Colitis.</p> <p>Record review on 1/24/24 of the label of a Diet Mountain Dew container revealed caffeine was listed as an ingredient.</p> <p>Interview on 1/24/24 with the Clinical Director revealed she thought client #6 only had a caffeine restriction for coffee but could drink a can of Diet Mountain Dew.</p>	W 460		