

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

PRINTED: 02/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2024
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NAME OF PROVIDER OR SUPPLIER NORTHSIDE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 BARKSDALE ROAD FAYETTEVILLE, NC 28301
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W 230	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)(ii)</p> <p>The objectives of the individual program plan must be assigned projected completion dates. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure behavior training objectives included written projected completion dates. This affected 3 of 3 audit clients (#1, #4, and #6). The findings are:</p> <p>A. Review on 2/26/24 of client #1's individual program plan (IPP), dated 10/18/23, revealed no behavior goal.</p> <p>Review on 2/26/24 of client #1's behavior intervention plan (BIP), undated, revealed an objective to demonstrate no more than 3 episodes of target behavior for six consecutive months from the date of BIP plan. The BIP was undated.</p> <p>B. Review on 2/26/24 of client #4's IPP, dated 11/1/23, revealed no behavior goal.</p> <p>Review on 2/26/24 of client #4's BIP, undated, revealed an objective to demonstrate no more than 3 episodes of target behavior for six consecutive months from the date of BIP plan. The BIP was undated.</p> <p>C. Review on 2/26/24 of client #6's IPP, dated 4/1/23, revealed no behavior goal.</p> <p>Review on 2/26/24 of client #6's BIP, undated, revealed an objective to demonstrate no more than two episodes of his target behaviors for six consecutive months from the date of the BIP plan. The BIP was undated.</p>	W 230	<p>By 4/27/2024 the QP will meet with the Treatment Team to add behavior goals and dates to Habilitation Plan. Staff will be trained on the new goals. QP will continue to monitor progress with all goals</p> <p style="text-align: center;">RECEIVED MAR 11 2024 DHSR-MH Licensure Sect</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tiffany [Signature] TITLE: QP Supervisor (X6) DATE: 3/7/24

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 230

Continued From page 1

W 230

W 240

INDIVIDUAL PROGRAM PLAN
CFR(s): 483.440(c)(6)(i)

W 240

The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure for 3 of 3 audit clients (#1, #4, and #6) individual program plans (IPP) included specific information to support their overall independence. The findings are:

A. Review on 2/26/24 of client #1's IPP, dated 10/18/23, revealed one physical domain paragraph and one social domain paragraph, with services to be planned listed as:
Personal Hygiene - Toothbrushing and Hand Washing
Self-Help - Money Management and Verbalizing Choice
Behavior Plan
Informal Program - Leisure and Physical

Further review of the IPP revealed no discussion of strength and needs, description of supports and services, or specific goals and objectives.

B. Review on 2/26/24 of client #4's IPP, dated 11/1/23, revealed services to be planned listed as:
Personal Hygiene - Toothbrushing and Hand Washing

By 4/27/2024 QP will meet with the treatment team to add an assessment of strengths and needs, a description of supports and services, and specific goals and objectives. QP will in-service all staff on updated habilitation plans.

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W 240	<p>Continued From page 2</p> <p>Self-Help - Money Management and Verbalizing Choice Behavior Plan Informal Program - Leisure and Physical</p> <p>Further review of the IPP revealed no specific goals and objectives to address his needs.</p> <p>C. Review on 2/26/24 of client #6's IPP, dated 4/1/23, revealed services to be planned listed as: Personal Hygiene - Toothbrushing and Hand Washing Self-Help - Money Management and Verbalizing Choice Behavior Plan Informal Program - Leisure and Physical</p> <p>Further review of the IPP revealed no specific goals and objectives to address his needs.</p> <p>Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) revealed goals were being carried out by staff, but were not listed in the IPP.</p>	W 240		
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 behavior support plans (BSP) for 3 of 3 audit clients (#1, #4 and #6) were reviewed and monitored by the human rights committee (HRC). The findings are:</p>	W 262	<p>By 4/27/24 the QP will update the agency's behavior consent form to include a human rights statement that will address any restrictions the resident may have. The QP will meet with each guardian to review the new form. This form will be renewed annually and as needed.</p>	

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W 262	<p>Continued From page 3</p> <p>A. Review on 2/26/24 of client #1's record revealed a BSP, undated, with listed medications to include Aripiprazole. Further review of the BSP revealed no written consent by the HRC.</p> <p>Review on 2/26/24 of client #1's individual program plan (IPP), dated 10/18/23, revealed he was prescribed psychotropic medications to control behaviors of non-compliance and aggression.</p> <p>Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) confirmed there was no current HRC consent for client #1's BSP.</p> <p>B. Review on 2/26/24 of client #4's record revealed a BSP, undated, with listed medications to include Risperidone. Further review of the BSP revealed no written consent by the HRC.</p> <p>Review on 2/26/24 of client #4's IPP, dated 11/11/23, revealed he was prescribed psychotropic medications to control behaviors of non-compliance and aggression.</p> <p>Interview on 2/27/24 with the QIDP confirmed there was no current HRC consent for client #4's BSP.</p> <p>C. Review on 2/26/24 of client #6's IPP, undated, with listed medications to include Lorazepam, Buspirone, Quetiapine, and Divalproex. In addition, restriction to include timeout for no more than five minutes may be used to address behavior. Further review of the BSP revealed no written consent by the HRC.</p> <p>Review on 2/26/24 of client #6's IPP, dated</p>	W 262		
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W 262	Continued From page 4 4/1/23, revealed he was prescribed psychotropic medications to control behaviors of non-compliance and aggression.	W 262		
W 263	<p>Interview on 2/27/24 with the QIDP confirmed there was no current HRC consent for client #6's BSP.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</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 record reviews and interviews, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 3 of 3 audit clients (#1, #4, and #6). The findings are:</p> <p>A. Review on 2/26/24 of client #1's record revealed a BSP, undated, with listed medications to include Aripiprazole, Cetirizine, and Benzotropine. No side effect information was included.</p> <p>Review on 2/26/24 of client #1's individual program plan, dated 10/18/23, revealed he was prescribed psychotropic medications to control behaviors of non-compliance and aggression. No medications were listed.</p> <p>Review on 2/27/24 of client #1's doctor orders, dated 1/1/24, revealed medications to include Aripiprazole and Buspirone for behavior.</p> <p>Review on 2/27/24 of written informed consent by</p>	W 263	By 4/27/24, The QP will put the current psychotropic medications and side effects on the habilitation plans for each resident. The QP will ensure these medications are also listed on the behavior plan and the behavior plan consent form. The QP will update these plans as needed.	

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W 263	<p>Continued From page 5 guardian, dated 1/30/24, revealed listed medications as Aripiprazole, Cetirizine, and Benztropine. No side effects information was included.</p> <p>B. Review on 2/26/24 of client #4's record revealed a BSP, undated, with listed medications to include Risperidone. No side effect information was included.</p> <p>Review on 2/26/24 of client #4's individual program plan, dated 11/1/23, revealed he has a behavior plan with no medications listed.</p> <p>Review on 2/27/24 of client #4's doctor orders, dated 1/1/24, revealed medications to include Risperidone for behavior.</p> <p>Review on 2/27/24 of written informed consent by guardian, dated 1/29/24, revealed no medications or side effects listed.</p> <p>C. Review on 2/26/24 of client #6's record revealed a BSP, undated, with listed medications to include Aripiprazole, Cetirizine, and Benztropine. No side effect information was included.</p> <p>Review on 2/26/24 of client #6's individual program plan, dated 10/18/23, revealed he was prescribed psychotropic medications include Lorazepam, Buspirone, and Quetiapine to control behaviors of non-compliance and aggression.</p> <p>Review on 2/27/24 of client #1's doctor orders, dated 1/1/24, revealed medications to include Citalopram, Lorazepam, Quetiapine, Buspirone and Depakote.</p>	W 263		
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W 263	<p>Continued From page 6</p> <p>Review on 2/27/24 of written informed consent by guardian, dated 1/29/24, revealed listed medications as Buspirone and Pantoprazole. No side effects information was included.</p> <p>Interview on 2/27/24 with the qualified intellectual disabilities professional (QIDP) revealed the facility had always used the same consent form, and all behavior medications should be listed for guardian consent.</p>	W 263		
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