

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

PRINTED: 07/26/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DICKENS DRIVE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>113 DICKENS DRIVE</b> <b>RALEIGH, NC 27610</b>		
(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 000	INITIAL COMMENTS	W 000			
W 148	<p>A complaint survey was completed on 7/25/24 for Intake #NC00218443. The allegations were unsubstantiated. However, a deficiency was cited in relation to the complaint.</p> <p>COMMUNICATION WITH CLIENTS, PARENTS &amp; CFR(s): 483.420(c)(6)</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to notify 5 of 6 audit clients' (#1, #2, #3, #4, and #6) guardians of a significant change in the clients' programming. The findings are:</p> <p>Observation on 7/25/24 from 11:15am to 12:30pm revealed clients engaged in various activities. At 11:15am, client #4 sat at the dining table with his IPad. He then assisted to prepare for lunch by putting the placemats on the table. Staff B finished lunch preparation in the kitchen, and client #1 set the table with plates, cups, and silverware. Clients #2, #4, and #6 watched television in the den as they waited for lunch. At 11:30am, clients ate lunch, family-style, as staff A and B assisted them with verbal and physical prompting. At 12:00pm, clients had bathroom breaks and cleaned the area before entering the home activity room to begin their afternoon vocational skill station rotations.</p> <p>Review on 7/25/24 of individual program plans</p>	W 148			

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 148	<p>Continued From page 1</p> <p>(IPP) revealed client #1, dated 4/5/24, works at the day program. Client #2, dated 2/16/24, attends the day program. Client #3, dated 2/7/24, has worked at the day program for many years. Client #4, dated 4/3/24, has been employed at the day program for years, and changes in his routine may lead to behaviors. Client #6, dated 1/9/24, has worked for 33 years at the day program.</p> <p>Review on 7/25/24 of the home daily schedule, dated July, 2024, revealed morning and afternoon training periods with lunch and free time separating the two training periods. No mention of the day program was noted.</p> <p>Review on 7/25/24 of the active treatment enrichment program, dated 2024, revealed a schedule for a home program to include morning individual therapeutic support and training, as well as afternoon vocational training stations. The daily schedule did not mention the clients attending the day program.</p> <p>Interview on 7/25/24 with the facility activities coordinator revealed he comes to the home daily to ensure the new training program is being carried out, and clients are involved in activities. He also creates the monthly outing calendar which for clients to be out in the community twice per week, at minimum. Guardians were mailed a letter about the change, as well as a letter to introduce him as the activities coordinator. However, no documentation of communication with guardians was available.</p> <p>Interview on 7/25/24 with the facility director revealed the clients were pulled from the day program to begin a home program on 7/1/24. Letters were sent to client guardians to explain</p>	W 148			

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W 148	Continued From page 2 the change on 7/1/24, the same day. No prior notice was given to guardians, and guardians were not consulted. The facility did not feel the clients were receiving what they needed at the day program because the program had changed its leadership and vision. In addition, the work contracts in which the clients were previously contracted were stopped at the day program. Therefore, their usual routine was not the same. When asked why guardians were not consulted prior to removing clients from the day program they had attended for years, the director stated it was a very fast transition, but the facility did send a letter. However, no documentation of communication or prior consultation with the guardians was available.	W 148			