

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

PRINTED: 08/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/15/2024
NAME OF PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330		
(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 189	<p>A complaint survey was completed on 8/15/2024 for intake #NC00219742. The allegation was substantiated and deficiencies were cited.</p> <p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were sufficiently trained to perform duties effectively, efficiently and competently regarding supervision and monitoring, This affected 1 of 1 discharged clients (#1). The finding is:</p> <p>Review on 8/15/24 of client #1's record revealed a behavior support plan (BSP) dated 3/27/24 with target behaviors as aggression and non compliance. Further review revealed medications for behaviors, Risperdal, .5mg daily, Trazodone, 50mg daily at bedtime, and Caplyta 42mg daily each morning.</p> <p>Interview on 8/15/24 with staff A revealed she confirmed she had not been trained on client #1's BSP or any clients that live in the home BSP's. Client #1 was new to the home and she was told to read his chart like she had done for the others.</p> <p>Interview on 8/15/24 with the qualified intellectual disabilities professional (QIDP) revealed that training was not completed in the home on clients BSPs.</p>	W 189			
W 203	ADMISSIONS, TRANSFERS, DISCHARGE	W 203			

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 203	Continued From page 1 CFR(s): 483.440(b)(5)(i) At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview , the facility failed to ensure a final summary of client #1 status at the time of discharge was developed. This affected 1 of 1 discharged client (#1). The finding is: A discharge summary was not completed for client #1. Interview on 8/15/14 staff A revealed discharged client #1 was no longer living at the facility. Discharged client #1 had been transferred to another home. Review of the facilities discharge policy revealed the competition of a "Discharge Summary form", the" Discharge summary composed at the time of discharge". Policy revised 11-16-20, 8.18 discharge requirements. Interview on 8/15/24 the qualified intellectual disabilities professional confirmed no discharge summary had been completed. Interview on 8/15/24 the consulting quality assurance coordinator revealed there is not a specified time frame in which the discharge summary should be completed.	W 203			
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)	W 263			

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W 263	<p>Continued From page 2</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.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with he written informed consent of a legal guardian. This affected 1 of 1 discharged client (#1). The finding is:</p> <p>Record review on 8/15/24 of client #1's behavior support plan (BSP) dated 3/27/24 revealed target behaviors aggressions and non compliance.</p> <p>Further record review on 8/15/24 of client #1's consents revealed no written informed consent by the legal guardian for the BSP.</p> <p>Interview on 8/15/24 with the qualified intellectual disabilities professional revealed there was no consent for the behavior support plan while discharged client #1 resided at the facility.</p>	W 263			