

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

PRINTED: 09/23/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MURDOCH DEVELOPMENTAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 EAST C STREET BUTNER, NC 27509</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 137	<p>A complaint investigation was conducted during the recertification survey on 9/16 - 9/18/24 for intakes #NC00219635 and #NC00219968. The complaint allegations were substantiated with no deficiencies cited. However, deficiencies were cited during the recertification survey.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(12)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that clients had the right to appropriate fitting clothing. This affected 3 of 6 audited clients (#3, #21 and #22) in Briarwood Cottage. The findings are:</p> <p>A. During observation on 9/17/24 at 11:48 am, client #3's underwear was exposed, no belt or suspenders were worn. Staff did not provide verbal prompts for him to pull up his pants.</p> <p>Review on 9/16/24 of client #3's Individual Program Plan (IPP) dated 2/14/24, revealed client #3 zips, snaps buttons and adjusts clothing, however; he wears suspenders to prevent his pants from sagging. He requires staff reminders to pullup his pants which he can do without assistance. He required verbal prompts to tuck his shirttail in and remain neat throughout the day; however, after reminders he can do so independently.</p> <p>Interview with Qualified Intellectual Disability</p>	W 137			

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 137	<p>Continued From page 1</p> <p>Professional (QIDP) on 9/17/24 revealed client #3 should have had suspenders on, but he takes them off, and when wearing only a belt his pants will slide down. She further confirmed that he should have been prompted to pull up his pants, and there is currently no objective to address keeping his suspenders on and pants up.</p> <p>B. During observation on 9/16/24 at 5:00 pm client #21's underwear was exposed with a belt worn. Staff did not provide verbal prompts for him to pull up his pants.</p> <p>Review on 9/16/24 of client #21's IPP dated 1/10/24, revealed client #21 requires assistance to button and snap. He is unable to lace his shoes, or put on his belt. He usually requires staff to look him over to ensure he is dressed appropriately.</p> <p>Interview with QIDP on 9/17/24 revealed client #21 has not had any problems in the past keeping his pants up but confirmed that staff should have assisted him or prompted him to pull his pants up.</p> <p>C. During observation on 9/17/24 at 8:05 am client #22's brief was exposed as he entered the restroom with staff assistance. Staff did not prompt client #22 to pull up his pants nor did staff pull his pants up.</p> <p>Review on 9/16/24 of client #22's IPP dated 5/15/24, revealed staff are to redirect and assist to orient clothes in a proper way, but at times he refuses to change them.</p> <p>Interview with QIDP on 9/17/24 revealed client #22 has decline significantly due to Parkinson's</p>	W 137			

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W 137	Continued From page 2 disease, he will not tolerate suspenders, but his brief should not have been exposed.	W 137			
W 247	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(vi)  The individual program plan must include opportunities for client choice and self-management. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients were afforded informal opportunities for choice and self-management during leisure identified in the Individual Program Plan (IPP). This affected 1 of 3 audit clients (#7) in Royall Cottage. The finding is:  During observations in the home throughout the survey on 9/16 - 9/17/24, client #7 consistently walked in circles near a back door of the home while holding a small messenger in her right hand or laid in the bed with the covers over her head. With the exception of brief verbal interactions, staff were not observed to offer client #7 any leisure activities nor was she encouraged to participate in any leisure activities.  Interview on 9/17/24 with Staff B revealed other than the messenger, client #7 likes the Connect Four game and will put down her messenger to play that particular game.  Review on 9/17/24 of client #7's IPP dated 12/20/23 revealed she likes holding her messenger, playing table top games, rocking on her chair, going on outings, going around in circles, and playing Connect 4. Additional review of the plan noted, "[Client #7] requires	W 247			

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W 247	Continued From page 3 encouragement and constant assistance to participate in most leisure activities...During structured leisure, [Client #7] needs constant reminders and prompting to interact and participate in any given activity.  Interview on 9/17/24 with the Qualified Intellectual Disabilities Professional (QIDP) indicated client #7 does like to hold messagers; however, other leisure activities are available in the home for her use.	W 247			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure a technique used to address client #12's inappropriate behavior was included in a formal active treatment program. This affected 1 of 3 audit clients in Royall Cottage. The finding is:  Upon arrival to the home on 9/16/24 at 5:08pm, client #12 was in a day room with a staff member while several other clients and staff were in another day room nearby. Clients were not observed to be in the same day room with client #12. On 9/17/24 at 6:54am, another client was brought into the day room and sat in a recliner on the opposite side of the room from client #12. After a few minutes, Staff D entered the room and escorted the other client from the area and into another room with other clients. Again, other clients were not observed to be in the same day	W 288			

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W 288	<p>Continued From page 4 room with client #12.</p> <p>Interview on 9/17/24 with Staff D revealed she had removed the other client from the room with client #12 because client #12 has aggressive behaviors and they try to keep other clients away from him. Additional interview on 9/17/24 with Staff F also indicated they keep client #12 away from other clients in the separate day room due to his aggressive behaviors towards others.</p> <p>Review on 9/16/24 of client #12's Behavior Support Plan (BSP) dated 3/29/24 revealed an objective to exhibit 60 or fewer target behaviors per month as defined by the BSP for 6 out of 12 months. Additional review of the BSP revealed target behaviors of aggression, disruption and medication refusals. The plan noted the client's level of supervision was "Visual Supervision - Close Proximity when in the same room as peers...Visual Supervision - Any Proximity when in a room without peers." Further review of the BSP did not include a technique of separating client #12 from other clients due to his inappropriate behaviors.</p> <p>Interview on 9/16/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #12 has a tendency to grab and pull on others so this is the reason he is in the other day room with a single staff while other clients are in a separate day room.</p> <p>Interview on 9/18/24 with the Psychologist confirmed client #12's BSP does not include separating him from other clients in the home as a technique to address his inappropriate behaviors.</p>	W 288			

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W 460	<p><b>FOOD AND NUTRITION SERVICES</b> CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received their modified and specially-prescribed diets as indicated. This affected 1 of 3 audit clients in Royall Cottage (#19) and 2 of 5 audit clients in Briarwood Cottage (#1 and #9). The findings are:</p> <p>A. During lunch observations in Royall Cottage on 9/17/24 at 11:12am, client #19 consumed a bowl of diced peaches. The client consumed the fruit without difficulty.</p> <p>Review on 9/16/24 of client #19's Individual Program Plan (IPP) dated 6/26/24 revealed the client consumes a chopped low cholesterol diet with "pureed fruits".</p> <p>Interview on 9/17/24 with the Nurse Supervisor and the Director of Nursing (DON) confirmed client #19 should have pureed fruits and indicated in her plan.</p> <p>B. During observation on 9/16/24 at 5:22 pm, client #1 received and consumed whole green beans during his meal.</p> <p>Review on 9/16/24 of client #1's Nutritional Assessment dated 7/1/24, recommended a diet of chopped 4,400 base calories, 6 mini meals, thin liquids, also received 8 oz ensure plus at</p>	W 460		

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W 460	<p>Continued From page 6</p> <p>each meal and mini meals, 16oz ensure at bedtime. No whole kernel corn (choke risk). Other modifications to equal total calories 8120 per day.</p> <p>Interview with Division Director on 9/17/24 confirmed client #1's green beans should have been chopped into ½ inch pieces.</p> <p>C. During observation on 9/17/24 client #9 received and consumed diced peaches during his meal.</p> <p>Review on 9/17/24 of client #1's Nutritional Assessment dated 1/24/24, recommended to continue with diet order 9/23/23- pureed 4400 (base) calories, thin liquids, Ensure Plus at each meal and each snack, no corn (p), and other modifications to equal total kcals 7205 per day.</p> <p>Interview with Division Director on 9/17/24 confirmed client #9's peaches should have been pureed.</p>	W 460		