

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

PRINTED: 10/30/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G191</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOGWOOD HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2401 DOGWOOD DRIVE</b> <b>NEW BERN, NC 28562</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  A complaint survey was completed on 10/29/24 for intakes #NC00221857 and #NC00222066. The intakes were substantiated and deficiencies were cited.	W 000			
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)  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 observations, documentation review and interviews, the facility failed to ensure staff were sufficiently trained in the prevention of abuse, neglect and exploitation; staff to client ratios; the company's attendance policy; team building exercises and van safety for the clients. The findings are:  A. During morning observations at the home on 10/29/24 at 8:01am, Staff A and Staff B exited the van and went back inside of the house. Further observations revealed there were five clients alone on the van. Additional review revealed the van was left on. The clients were left alone on the van for 50 seconds.  During an interview on 10/29/24, Staff A stated it is not normal to leave the clients alone on the van without any staff.  Review on 10/29/24 of the facility's Transportation Policy updated on 8/8/24 revealed, "...7. Whenever a staff exits the vehicle, he/she shall remove the keys...9. Passengers shall not be left in the van unattended by the driver...."	W 189			

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 189	Continued From page 1  During an interview the Residential Manager (RM) stated staff have been trained not to leave the clients unattended on the van.  B. During review on 10/29/24 of the facility's investigation dated 8/12/24 revealed the following recommendations, "All staff will receive additional training by RM/RTL on Abuse/Neglect/Exploitation and the supervision levels within the home. RM/RTL will retrain all staff on ICF Regulation regarding ICF ratios. All staff will be retrained on Monarch's Attendance policy. Residential Team Leader will provide staff with team building exercisers during monthly staff meetings." Further review revealed the documentation did not include the staff training that were recommended.	W 189			
W 216	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include physical development and health. This STANDARD is not met as evidenced by: Based on observations, documentation and interviews, the facility failed to re-assess fall assessments for clients #1, #2, #3, #4 and #5, as recommended during an investigation. The finding is:  Review on 10/29/24 of the facility's investigation dated 8/12/24 revealed, "Recommendations to be completed...RTL Please review the fall assessments. There are several individuals that	W 216			

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W 216	Continued From page 2 require arm's length" when ambulating. TL assess the needs in the home for mobility and whether staffing levels are appropriated". Further review revealed the assessments could not be located.  During an interview on 10/29/24, the Residential Team Leader (RTL) confirmed the fall assessments for client #1, #2, #3, #4 and #5 could not be located for review.	W 216			