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

PRINTED: 03/07/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G001			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		B. WING		03	C 03/06/2025	
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 2415 W. VERNON AVENUE KINSTON, NC 28501		100/2023
(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 COR (EACH CORRECTIVE ACTION CORRESS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs .	W 00	00		
W 156	intake #NC0022799		W 18	56		
	to the administrator or to other officials within five working of This STANDARD is Based on record re failed to ensure the	vestigations must be reported or designated representative in accordance with State law days of the incident. In sometimes not met as evidenced by: eview and interview, the facility investigation report was working days. This affected 1 1). The finding is:				
	dated 2/24/25 reveation which appeared to removed was deter hardened rubber glaremoved intact with	e were found in the stomach.				
	investigation summ revealed the followi investigation, the in interview Staff A and #1's medical record need to be secured regarding the foreign at the hospital. The review support the complete the investigation investigation in the support the s	f the facility's internal ary report dated 2/24/25 ng, "To complete a thorough vestigation team needs to d client #1. Additionally, client is from his hospitalization to gather more information in bodies that were removed ese interviews and records need for additional time to cigation". Further review is prescribed 1:1 intensive				
_ABORATOR`	 DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	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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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COV	E SURVEY MPLETED
	34G001 B. WING				03/06/2025		
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER				2415 W	ADDRESS, CITY, STATE, ZIP CODE VERNON AVENUE ON, NC 28501	1 00	00/2020
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W 156	6 Continued From page 1		W 1	56			
	and Behavior Supp						
W 249	During an interview on 3/6/25, the Advocate stated she still needed to talk to her supervisor before she can complete the investigation report. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)		W 2	49			
	formulated a client's each client must re- treatment program interventions and se and frequency to su	rdisciplinary team has individual program plan, ceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the I in the individual program					
	Based on record refacility failed to ensi- received a continuo- consisting of neede as identified in the I	s not met as evidenced by: eviews and interviews, the ure 1 of 1 audit clients (#1) ous active treatment program d interventions and services ndividual Program Plan (IPP) daptive behaviors. The finding					
	dated 2/24/25 revea appeared to be coil was determined to glove with ? wire in w/o mucosal damage	f client #1's medical records aled, "Findings: object which ed up wire but when removed be folded up hardened rubber foreign body removed intact geGlove/wire were found in oval was successful".					
	Review on 3/6/25 or	f client #1's IPP dated 3/21/24					

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		34G001					
NAME OF PROVIDER OR SUPPLIER CASWELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2415 W. VERNON AVENUE KINSTON, NC 28501				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			JLD BE	(X5) COMPLETION DATE
W 249	revealed, "Supervist 1:1 Staff remain wiingestion risk". Review on 3/6/25 or Program (BSP) dat Behaviors Related Pica/Pica-Related I ingestion, false clair any threat to ingest thumb tacks, laund staples, coins, mat cologne, ear buds, supplies, grooming electronics, masks "ENVIRONMENTA (PREVENTIONS): ingesting small item access to all items can be compressed Client #1's clothing remove any items to buttons, zippers, so fasteners, shoelace have access to cloth During an interview how Staff B took of away while the both Further interview rehis back to use the mask out of the tramade a ball of the wing the staff between the staff between the mask out of the tramade a ball of the wing the staff between the mask out of the tramade a ball of the wing the staff between the staff be	sion RequirementsHome: thin arm's reach to prevent of client #1's Behavior Support ted 8/5/24 revealed, "Target to Signs/Symptoms:3. Behavior: Any actual m to have ingested, and/or inon-edibles (i.e., batteries, ry detergent, paperclip, erial from a hospital bracelet, pieces of wood, cleaning supplies, pieces of, etc.)." Further review stated,	W 2	49			
		on 3/6/25, the Advocate as confirmed client #1 did not					

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NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP		100/2025	
CASWEL	L CENTER			2415 W. VERNON AVENUE KINSTON, NC 28501			
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W 249	swallow any screws two grommets from seen wearing on ca of the incident. Fur	ige 3 s, but in fact he swallowed the a hoodie that client #1 was amera during dinner the night ther interview revealed it is not 1 obtained the hoodie.	W 2	49			