

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

PRINTED: 03/26/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G191	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER DOGWOOD HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 DOGWOOD DRIVE NEW BERN, NC 28562		
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W 112	<p>CLIENT RECORDS CFR(s): 483.410(c)(2)</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure client information was kept confidential. This potentially affected all clients living in the home. The findings are:</p> <p>During observation of the medication pass in the home on 3/24/24 at 4:08pm, staff A was unable to get the internet to work properly and therefore was unable to pull up the electronic medication administration record (EMAR) on the computer. Staff A pulled the EMAR up on her phone using Therap and used that to administer medications.</p> <p>Further observations in the home on 3/25/25 of the medication administration pass at 7:30am, staff D was unable to get Therap pulled up on the computer to look at the EMAR due to internet connection issues. Staff D pulled the EMAR up from her cell phone to administer medications.</p> <p>Observations on 3/25/25 the residential manager demonstrated (RM) how to pull the EMAR up on a cell phone revealed that all she had to do was click the Therap application on her phone and her username and password were stored electronically. Immediately all of the client information was available.</p> <p>Interview on 3/25/25 with the RM revealed that the staff had been informed by nursing to use their cell phones if there were problems with the home computers or internet. The RM confirmed that using a cell phone could potentially expose</p>	W 112			

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 112	Continued From page 1	W 112			
W 218	all the clients to a breach of personal data. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v) The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 audited clients (#2, #3 and #4) had a physical therapy (PT) assessment to evaluate their current needs. The findings are: A. Review on 3/24/25 of client #2's Person Centered Plan (PCP) dated 11/6/24 revealed the client had an unusual gait pattern that placed her at a higher risk for falls. The PCP also revealed staff should be within arms length of the client at all times. Further review revealed there was no current information available to indicate a PT assessment was performed. B. Review on 3/24/25 of client #3's PCP dated 1/30/25 revealed the client is a fall risk. The PCP also revealed staff should be within arms length of the client when ambulating. Further review revealed there was no current information available to indicate a PT assessment was performed. C. Review on 3/24/25 of client #4's PCP dated 10/28/24 revealed the client moves at a slow rate and occasionally likes to be guided by staff to where he is walking. The PCP also revealed he may hold on to staff's arm for support. Further review revealed there was no current information available to review to indicate a PT assessment was performed.	W 218			

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W 218	Continued From page 2	W 218			
W 249	<p>During an interview on 3/25/25, the team lead revealed none of the clients had a physical therapy assessment to evaluate their needs.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</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 a continuous active treatment program consisting of needed interventions and services as identified in the Person Centered Plan (PCP) in the area of food preparation. This affected 2 of 3 audit clients (#2 and #4). The findings are:</p> <p>During afternoon observations in the home on 3/24/25, staff prepared dinner which consisted of chicken tenders, carrots, and northern beans. No clients were actively involved with preparation of the dinner meal.</p> <p>Review on 3/25/25 of client #2's Adult Daily Living Skills Evaluation dated 3/14/25 revealed she can use common kitchen tools with prompting, follow a simple recipe with prompting and can turn the stove off with prompting.</p>	W 249			

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W 249	Continued From page 3 Review on 3/25/25 of client #4's Adult Daily Living Skills Evaluation dated 3/14/25 revealed he can use common kitchen tools with prompting, follow a simple recipe with prompting and turn the stove off with prompting..	W 249			
W 344	Interview on 3/25/25 with the residential manager confirmed all clients should be offered the opportunity to participate with food preparation. NURSING STAFF CFR(s): 483.460(d)(2) The facility must employ or arrange for licensed nursing services sufficient to care for clients' health needs including those clients with medical care plans. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the provision of nursing services to meet the health care needs of clients in the area of preventative screening for 2 of 3 audit clients (#2 and #4). The findings are: A. Review on 3/24/25 of client #2's Person Centered Plan dated 11/6/24, revealed client #2 is currently 65 years of age. Further review revealed client #2 has not had a routine colonoscopy to screen for cancer. B. Review on 3/24/25 of client #4's Person Centered Plan dated 10/24/24, revealed client #4 is currently 80 years of age. Further review revealed client #4 has not had a routine colonoscopy to screen for cancer. Interview on 3/25/25 with the residential manager (RM) revealed that she believed client #2 was scheduled for a colonoscopy but for some reason	W 344			

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W 344	Continued From page 4 did not complete it. The also revealed that client #4 was supposed to complete the Cologuard test to screen but the facility did not obtain the fecal sample correctly.	W 344			
W 352	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(2) Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure each client received comprehensive dental services including periodic examinations at least annually. This affected 2 of 3 audit clients (#2 and #4). The findings are: A. Review on 3/24/25 of client #2's record revealed her last dental examination and cleaning occurred on 3/24/23. No current dental examinations could be located. B. Review on 3/24/25 of client #4's record revealed his last dental examination and cleaning occurred on 4/23/24. No current dental examinations could be located. Interview on 3/25/25 with the residential manager confirmed client #2 and #4 is in need of a dental examination at this time.	W 352			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by:	W 382			

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W 382	Continued From page 5 Based on observations, record review and interviews, the facility failed to ensure all drugs and biologicals were kept locked except when being prepared for administration. The finding is: During observations of medication administration in the home on 3/24/25 at 4:08pm and 4:15pm, staff A exited the medication administration area to retrieve a client, leaving the door to the medication room unlocked. Interview on 3/25/25 with residential manager revealed all staff are instructed to lock the medication room any time staff are not occupying the room. The residential manager confirmed staff A should have locked the door when exiting to go and get other clients.	W 382			
W 466	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(6) Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, adjusted for age, sex, disability and activity. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to prepare diets in the accordance with the latest recommended dietary allowances for 1 of 3 audit clients (#3). The finding is: Review on 3/25/25 of the prescribed menu was as follows: 4 oz of seasonal fruit or juice, 1/2 cup of hot cereal, 1 turkey sausage, 1 English muffin, 8 oz of milk as well as 8 oz of beverage of choice.	W 466			

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W 466	<p>Continued From page 6</p> <p>During observations in the home at 7:50am on 3/25/25 client #3 was served 2 packets of oatmeal, 4 sausages and a yogurt. Further observations at 7:57am, client #3 was served 3 more sausages. Client #3 consumed 100% of her meal.</p> <p>Record review on 3/25/25 of client #3's nutritional evaluation dated 2/2/25 revealed a prescribed diet of regular, avoid excess sweets and snacks.</p> <p>Interview on 3/25/25 with staff C revealed that none of the clients have dietary restrictions so the staff allow them to have extra if they ask for it.</p> <p>Interview on 3/25/25 with the team lead revealed that staff should follow the recommended serving size that is listed on the menu. The team lead confirmed that client #3 exceeded the recommendations.</p>	W 466			