

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

PRINTED: 04/02/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/27/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY LANE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>534 COUNTRY LANE HOLLY SPRINGS, NC 27540</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 248	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(7)</p> <p>A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on reviews and interviews the facility failed to assure outside services meet the needs of each client. This affected 4 of 5 audit clients (#1, #2, #3 and #5). The findings are:</p> <p>Clients #1, #2 and #3 did not have current individual program plans (IPP) and clients #2 and #5 did not have current behavior support plans (BSP) available at the day program.</p> <p>a. Review on 3/27/18 at the day program of client #1's record revealed an IPP dated 1/4/17. This was the most current IPP on file at the day program. Review on 3/27/18 of client #1's record in the home revealed an IPP dated 1/9/18.</p> <p>b. Review on 3/27/18 at the day program of client #2's record did not reveal a current IPP nor was there a current BSP. The day program was not provided with a current IPP nor a current BSP. Review on 3/27/18 of client #2's record in the home revealed an IPP dated 1/18/18 and a BSP dated 1/18/18.</p> <p>c. Review on 3/27/18 at the day program of client #3's record revealed an IPP dated 1/11/17. This was the most current IPP on file at the day program. Review on 3/27/18 of client #3's record</p>	W 248			
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 248	<p>Continued From page 1 in the home revealed an IPP dated 1/18/18.</p> <p>d. Review on 3/27/18 at the day program of client #5's record did not reveal a BSP. The day program did was not provided with a BSP on file at the day program. Review on 3/27/18 of client #5's record in the home revealed a BSP dated 12/13/17.</p> <p>During an interview on 3/27/18, management revealed they thought the day program had current IPP's and BSP's for all of the clients.</p>	W 248		