

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

PRINTED: 05/01/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/30/2018
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NAME OF PROVIDER OR SUPPLIER CREST ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 114 GREENHOUSE LANE SOUTHERN PINES, NC 28387
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(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
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W 137	<p>PROTECTION OF CLIENTS RIGHTS 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.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the rights of 1 of 3 audit clients (#1) were protected relative to the use of his personal laptop. The finding is:</p> <p>The facility restricted client #1 from keeping his personal laptop without including this in his Individual program plan (IPP).</p> <p>Review on 4/30/18 of client #1's individual program plan (IPP) dated 11/10/17 revealed client #1 had the following target behaviors: physical aggression, non-compliance and self-injurious behaviors. There were no restrictions of client #1's personal belongings listed in his IPP.</p> <p>Interview on 4/30/18 with the qualified intellectual disabilities professional (QIDP) revealed client #1 has a personal laptop computer that was purchased for him by his Department of Social Services (DSS) guardian. Further interview revealed the laptop is kept in the locked office because the staff and guardian felt it may become damaged if client #1 kept it in his possession. Additional interview revealed staff give him access to the laptop when he returns from school in the afternoons and then in the evenings staff lock up the laptop in the office. The QIDP confirmed this restriction is not listed in client #1's IPP, behavior support plan (BSP) and</p>	W 137	<p>By May 15, 2018 the facility will ensure that all client rights are protected. More specifically client #1 will have access to his personal laptop. All staff will be inserviced on client rights to include though not limited to client #1 access to his personal laptop. Staff will be monitored weekly for implementation by Home Manager, monthly by Hab Tech and quarterly by QIDP.</p>	5/15/18
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE 5/14/18
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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	Continued From page 1 the human rights committee has not been advised of this restriction.	W 137		
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