


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

PRINTED: 06/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/14/2018
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752	
(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	W 000		
W 189	<p>Complaint Intake #: NC00138874 STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure initial training related to behavior support plans (BSP) was provided to employees to enable them to perform their duties competently for 5 of 6 clients in the home (#1, #2, #3, #4 and #6). The findings are:</p> <p>Review of client records for all six clients in the home on 6/14/18 revealed 5 of the 6 clients had BSPs. Review of client #1's individual program plan (IPP) dated 3/15/18 revealed a current BSP, which included target behaviors of self injury and tantrums. Further review of the BSP revealed multiple intervention procedures to address the target behaviors.</p> <p>Review of the record for client #2 revealed an IPP dated 9/17/17 which included a current BSP documenting target behaviors of physical aggression, self injury and property destruction. Further review of the BSP revealed multiple intervention procedures to address the target behaviors.</p> <p>Review of the record for client #3 revealed an IPP dated 1/26/18 which included a current BSP</p>	W 189	<p><i>SCC attached</i></p> 	8/13/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kristle Berry

OP

10/21/18

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	<p>Continued From page 1</p> <p>documenting target behaviors of property destruction, physical aggression, tantrums and AWOL. Further review of the BSP revealed multiple intervention procedures to address the target behaviors.</p> <p>Review of the record for client #4 revealed an IPP dated 8/30/17 which included a current BSP documenting target behaviors of physical aggression, self injury, and tantrums. Further review of the BSP revealed multiple intervention procedures to address the target behaviors.</p> <p>Review of the record for client #6 revealed an IPP dated 8/30/17 which included a current BSP documenting target behaviors of self injury, physical aggression, and tantrums. Further review of the BSP revealed multiple intervention procedures to address the target behaviors.</p> <p>Interview with direct care staff A on 6/14/18 at 2:15 PM revealed the employee had worked for the facility for multiple years. Staff A indicated having received training for abuse/neglect, medication administration and restrictive interventions. Staff A did not recall receiving training specifically on client BSPs and indicated that staff are responsible for reviewing BSPs themselves.</p> <p>Interview with direct care staff B on 6/14/18 at 2:55 PM revealed the employee had worked for the facility for several weeks and normally did not work in the home, but was helping out while the facility recruited additional staffing. Staff B indicated having received abuse/neglect training but indicated client BSP training was "verbal" and "along the way" and did not indicate formal training on client BSP's.</p>	W 189		

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W 189	Continued From page 2 Interview with the facility home manager on 6/14/18 at 2:40 PM revealed that BSP training is completed during mandatory house meetings and is provided by the qualified intellectual disabilities professional (QIDP) or the behavior specialist. The home manager did not indicate that staff members were trained on client BSP's prior to working with clients. Interview with the facility administrator on 6/14/18 revealed that initial BSP training is completed by the QIDP and or the behavior analyst. The administrator also indicated that ongoing BSP training occurs at the group home anytime there is a change in a BSP or if indicated due to circumstances which would warrant additional training on BSPs. Interview with the QIDP on 6/14/18 revealed that initial BSP training for staff is completed by her and/or the behavior specialist and indicated that ongoing BSP training occurs in the home during mandatory house meetings. The QIDP was unable to provide written evidence of initial, formal training to direct care staff members prior to working with clients.	W 189		

August 13, 2018

The facility will ensure each employee is provided with initial and on-going training that enables the employee(s) to perform their duties effectively, efficiently and competently. All staff will be trained initially upon hire, as well as, when needed, as changes or modifications are implemented. The QP will ensure in-service is completed and documented. This will be monitored by the Administrator and/or designee at least monthly through review of staff meeting minutes and in-service documents.

Kristi Berry BSQP

