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

PRINTED: 08/09/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G051	B. WING _			08/	/07/2018
NAME OF PROVIDER OR SUPPLIER LAURA SPRINGS ROAD HOME				309	EET ADDRESS, CITY, STATE, ZIP CODE LAURA SPRINGS DR .ISBURY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 006	CFR(s): 483.475(a)(1) [(a) Emergency Plantand maintain an emethat must be reviewed annually. The plan m. (1) Be based on and facility-based and corassessment, utilizing. *[For LTC facilities at on and include a doccommunity-based rist all-hazards approach. *[For ICF/IIDs at §483 and include a docume community-based rist all-hazards approach. (2) Include strategies events identified by the risk amanagement of the official to the failures, natural disast that would affect the facare. This STANDARD is a Based on observation interviews, the facility facility-based strategies.	The [facility] must develop regency preparedness plan d, and updated at least ust do the following:] include a documented, munity-based risk an all-hazards approach.* §483.73(a)(1):] (1) Be based umented, facility-based and c assessment, utilizing an including missing residents. 3.475(a)(1):] (1) Be based on ented, facility-based and c assessment, utilizing an including missing clients. 5 for addressing emergency he risk assessment. 18.113(a)(2):] (2) Include sing emergency events assessment, including the onsequences of power ters, and other emergencies nospice's ability to provide that as evidenced by: ns, record review and failed to develop specific	E	006	DEFICIENCY)		
ARORATORY	conducted on 8/6/18	ity's emergency plan (EP), revealed identified risks SUPPLIER REPRESENTATIVE'S SIGNATUR	RE .		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.

Facility ID: 922107

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NAME OF PROVIDER OR SUPPLIER LAURA SPRINGS ROAD HOME SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
LAURA SPRINGS ROAD HOME (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CONTINUED FROM USE OF PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 006 Continued From page 1 included power outage, inclement weather and shelter in place strategies among others. Observations conducted in the home on 8/6/18 - 8/7/18 revealed an inadequate supply of food and water was available in the home to support risks identified in the EP. Interviews conducted with staff in the group home as well as the qualified intellectual disabilities professional (QIDP) revealed no basic inventory of emergency supplies had been developed and/or maintained as part of the current emergency plan. B. Review of the EP revealed information provided regarding individual residents of the home was limited to the general information included on the face sheet as well as prescribed diet information, however, no comprehensive,			34G051	B. WING _	B. WING		08/07/2018
EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION				•	309 LAURA SPRINGS DR	·	
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specific information was included in the EP which would inform persons working with the clients during an emergency situation,who were unfamiliar with the clients, regarding communication needs, appropriate behavioral interventions or support required for activities of daily living. Interview with the QIDP on 8/7/18 revealed comprehensive information regarding the needs of individual clients residing in the home had been developed, however, it was not included in the EP at this time. W 153 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.		included power outages helter in place strates. Observations conduct 8/7/18 revealed an inwater was available in identified in the EP. Istaff in the group homintellectual disabilities revealed no basic invapplies had been deas part of the current. B. Review of the EP is provided regarding in home was limited to tincluded on the face diet information, how specific information would inform persons during an emergency unfamiliar with the clicommunication needs interventions or supplicable living. Interview revealed comprehensithe needs of individuation had been deveincluded in the EP at STAFF TREATMENT CFR(s): 483.420(d)(2). The facility must ensumistreatment, neglectinguries of unknown simmediately to the adopticials in accordance.	tee, inclement weather and regies among others. Teed in the home on 8/6/18 - adequate supply of food and in the home to support risks interviews conducted with the as well as the qualified is professional (QIDP) entory of emergency eveloped and/or maintained emergency plan. The evealed information dividual residents of the he general information sheet as well as prescribed ever, no comprehensive, was included in the EP which is working with the clients situation, who were ents, regarding as, appropriate behavioral for trequired for activities of the with the QIDP on 8/7/18 sive information regarding al clients residing in the loped, however, it was not this time. OF CLIENTS The included in the loped in the loped, however, it was not this time. OF CLIENTS The included in the loped in the loped, however, it was not this time. OF CLIENTS The included in the loped in the loped in the loped, however, it was not this time. OF CLIENTS The included in the loped in the loped in the loped in the loped, however, it was not this time. OF CLIENTS The included in the loped in the loped, however, it was not this time. OF CLIENTS The included in the loped in t				

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W 153	Continued From page	2	W 1	53			
	Based on facility door the facility failed to en abuse/neglect were reimmediately for 1 of 1 The finding is: Review of the facility's investigations on 8/7/started on 7/30/18 and facility on 8/7/18. Revealed on the morn with the facility admin qualified intellectual of (QIDP) regarding a conceasion of the facility admin qualified intellectual of (QIDP) regarding a conceasion of the facility admin qualified intellectual of (QIDP) regarding a conceasion of the facility admin qualified intellectual of (QIDP) regarding a conceasion of the facility admin qualified intellectual of (QIDP) regarding a conceasion of the facility admin qualified intellectual of (QIDP) regarding a conceasion of the facility and the state of the facility and the incident involuments of the facility and	18 revealed an investigation d was completed by the eview of the investigation ing of 7/30/18 Staff A spoke istrator (FA) and the disabilities professional conversation which occurred evith Staff B during which A that Staff B had eaten client #5 with a knife in up home. Continued review investigation revealed that the investigation Staff B et al. Staff C had administered on several occasions, om the nurse, "to calm him a saleep". Also documented evered during the 7/30/18 stated both the incident eatening client #5 with a knife eving Staff C administering without permission had exhalf to two weeks prior to encidents with Staff A on eat the facility suspended in C immediately upon encidents pending the					

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W 153	QIDP revealed this in initiated immediately from Staff A, however Staff B had occurred one-half to two weeks them with Staff A, who administration. These all staff are expected possible abuse, negle administrator immediately PROGRAM IMPLEM	on 8/7/18 with the FA and vestigation had been upon receiving the report r, the incidents described by approximately one and s prior to Staff B discussing o then reported them to e interviews further revealed to report any allegations of ect or exploitation to the ately.	w :				
	each client must rece treatment program co interventions and ser and frequency to sup	isciplinary team has ndividual program plan, ive a continuous active					
	Based on observation interview, the facility is sampled clients (client active treatment progrinterventions in sufficients).						
	revealed client #1 loa a supper outing, acco	ted on 8/6/18 at 5:35 PM ded onto the facility van for ompanied by staff and g in the home. Further					

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W 249	observations conduct revealed client #1 loa transportation to the of #1 was not observed were not observed to helmet at any time dusurvey. Review of the record 8/6/18 and 8/7/18, redocumenting client#1 while loading on and when involved in any Staff are to monitor for Interview conducted of disabilities profession verified client #1's curof a soft shell helmet the van or school bus should consistently phelmet as prescribed DRUG ADMINISTRACFR(s): 483.460(k)(1) The system for drug at that all drugs are admitted the physician's orders. This STANDARD is a Based on observation interview, the system administration failed the survey of the system and survey of the system administration failed the survey of the system administration failed the survey of the system and survey of the system administration failed the survey of the system and	ded on 8/7/18 at 8:35 AM ded onto the facility van for day program facility. Client to wear a helmet and staff prompt client #1 to wear a uring the 8/6/18 - 8/7/18 for client #1, conducted on wealed an IPP dated 3/14/18 "wears a soft shell helmet off the van/school bus and physical activity for safety. Or falls at all times." with the qualified intellectual hal and the nurse on 8/7/18 rrent IPP prescribes the use whenever he is loading onto or, and further verified staff frompt client #1 to wear his from the intervence of the compliance with second for medication or assure all medications the prescribed time for 1 of ring medication	Wa					

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W 368	On 8/7/18 at 7:20 AM enter the medication assisted by staff to ta Strattera 80 mg., Klor Zimpat 250 mg2 and mgthree caps., Imm mgtwo tabs., Oscal/Riperdal 2 mg. and S Review of the record 8/7/18, revealed physprescribing Synthroid 8:30 PM. Interview of the Synthroid 75 mcg specifically in order to and increase efficacy verified the physician	, client #3 was observed to administration area and was ke medications including: nopin 0.5 mg1/2 tab., d 1/2 tabs., Carbatrol 300 odium 2 mg., Mag-Ox 400 Vitamin D 500/500 mg., ynthroid 75 mcg. for client #3, conducted on sician's orders dated 5/29/18 75 mcg. to be given daily at onducted with the nurse on lient's physician had ordered to be given away from meals This interview further would be notified of the ed to the Synthroid 75 mcg.	Wa	368			