| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G138 | A. BUILDING _____ B. WING _____ | 06/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COLLEGE PARK | 1900 LAKE DRIVE LAURINBURG, NC 28352 |

| (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 249 | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment plans for 2 of 3 audit clients (#3, #6), specific to independent living skills and behavioral intervention. The findings are:<br><br>Direct care staff failed to consistently follow client #3's behavioral support plan (BSP).<br><br>During observations on 6/13/18 at 6:25am client #3 walked into the dining room and sat down in a dining room chair next to the wall. Staff #1 asked him verbally 5 times to get up and move into the living room until "breakfast is ready". Client #3 got up, walked around the hallway and then sat back down in the dining room chair. Staff #1 asked him if he was hungry three times. Client #3 did not respond. Staff #1 told client #3 she would get him a snack. Staff #1 asked client #3 to stand up and walk into the kitchen, client #3 refused. Staff #1 repeated the request for client #3 to stand up and walk into the kitchen. Staff #1 poured a low calorie snack into a bowl and handed it to him in the kitchen at 6:50am. He walked back into the | W 249 | W249<br>Behavioral Analyst will re-in-service DSA's concerning client#3 Behavior Support Plan as well as all other clients in the home. Client#3 Behavior Support Plan will be Monitored & reviewed at a rate of 2 habilitation program assessments per month for 2 consecutive months to be completed by clinical staff.<br><br>Habilitation Specialist will re-in-service DSA's on client #6 formal training Program as well as all other clients in the home on allowing all individuals to be as independent as possible. Client#6 formal training program will be monitored at a rate of 2 interaction assessments each month for 2 consecutive months. The clinical team members will assess and discuss Formal programs and behavior programs to determine if Any possible revisions or modifications of programs are needed for the individuals in the home at this time. All clinical assessments will be assigned by the QP.<br>Target Date: August 1, 2018 | |

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G138 | A. BUILDING _____ B. WING _____ | 06/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COLLEGE PARK | 1900 LAKE DRIVE LAURINBURG, NC 28352 |

| (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 249 | Continued From page 1<br>dining room, ate a few bites and then walked into the kitchen. When staff #1 verbally redirected client #3 out of the kitchen, he began to push staff #1. Staff stepped back and then asked client #3 to leave the kitchen. Client #3 became very agitated, vocalizing and pushing and trying to pinch staff #1. Staff #1 followed client #3 around the group home. Client #3 went into the dining room and sat down. Staff #2 told client #3 to quit "Acting bad" and go wash his hands for breakfast. Client #3 refused and pushed staff #1. Staff #2 took hand sanitizer, wiped his hands. Client #3 sat down at the dining room table as he reached over and attempted to push client #5 who was sitting in a wheelchair. Client #3 continued to vocalize and push at staff #1 as she attempted to help to help him serve scrambled eggs, biscuits and cereal at 7:00am.<br><br>Interview on 6/13/18 with staff #1 revealed she prompted client #3 to leave the dining room because it was not time to eat breakfast. She stated he may have been hungry so she got him a snack. When asked if the snack may be reinforcing client #3's challenging behaviors, she stated, "No."<br><br>Review on 6/13/18 of client #3's individual program plan (IPP) dated 1/18/18 revealed he has target behaviors of Aggression, Severe Disruption and Attempting to steal food from others. Further review revealed a BSP dated 12/27/17 to address these target behaviors. Further review of this plan defined aggression as: physically assaulting others, pinching staff , attempting to scratch or the use of his body as a weapon. Severe disruption is defined as opening and closing doors, turning on and off lights running and jumping , leaving his classroom. | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G138 | A. BUILDING _____ B. WING _____ | 06/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COLLEGE PARK | 1900 LAKE DRIVE LAURINBURG, NC 28352 |

| (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 249 | Continued From page 2<br>Further review of this program revealed strategies, " Will receive verbal prompts for not exhibiting challenging behaviors. Be conscious of [client #3's] personal space. " [Client #3 ] does not like to be touched. " Further strategies provide that staff should "provide a lot of choices."<br><br>Interview on 6/13/18 with the Residential Manager (RM) revealed when client #3 becomes agitated, direct care staff should give him a lot of space. Further interview revealed direct care staff should provide a lot of choice making and sometimes when he is agitated, introducing another staff is helpful. Additional interview revealed direct staff #1 did not follow client #3's BSP.<br><br>2. Direct care staff did not integrate client #6's formal objective training during the morning home living routine.<br><br>During morning observations on 6/13/18 at 6:20am staff #2 emptied clean dishes from the dishwasher using a clean dishcloth to dry the dishes before she put silverware, dishes and containers away in the cabinets. Client #6 stood in the kitchen ready to assist. As staff #2 continued to put the dishes, silverware away, client #6 walked away and went back into the dining room with a cup of coffee.<br><br>Review on 6//13/18 of client #6's IPP dated 11/28/17 revealed a written training program to "Store clean dishes/ utensils with 90% accuracy with verbal prompts to consecutive review periods." This objective was implemented on 4/1/17. Further review of this objective revealed, " Integrative: May use skills during all meal clean | W 249 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G138 | A. BUILDING _____ B. WING _____ | 06/13/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COLLEGE PARK | 1900 LAKE DRIVE LAURINBURG, NC 28352 |

| (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 249 | Continued From page 3<br>up."<br><br>Interview on 6/13/18 with the RM revealed this objective is current and these skills should be integrated whenever there is an opportunity for client #6 to participate in working in the kitchen. | W 249 | | |