PRINTED: 07/06/2018 FORMAPPROVED

STATEMENT (AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
,		34G257	B, WNG			07/03/2018	
	ROVIDER OR SUPPLIER RESIDENTIAL		·	68	REET ADDRESS, CITY, STATE, ZIP CODE HILLSIDE STREET ARKTON, NC 28433	1 07.	103/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 032	CFR(s): 483.475(c)(3) [(c) The [facility] must emergency preparedr that complies with Ferand must be reviewed annually.] The communicating with the following: (3) Primary and altern communicating with the following: (3) Primary and altern communicating with the following: (ii) Federal, State, trible emergency managem. *[For ICF/IIDs at §483 alternate means for conferency managem.] *[For ICF/IIDs at §483 alternate means for conferency managem.] *[For ICF/IIDs at §483 alternate means for conference of the folial properties of the folial properties of the folial properties of the folial governments during in the facility failed to defor communicating with governments during an Review on 7/2/18 of the folial preparedness (EP) plainclude any Information means of communication were unaware of any as system to utilize in the will—the exception of properties of the facility failed to deform the facility failed to defor communicating with governments during an interview or were unaware of any as system to utilize in the will—the exception of properties.	develop and maintain an ness communication plan deral, State and local laws d and updated at least unication plan must include the following: al, regional, and local nent agencies. 3.475(c):] (3) Primary and communicating with the plant agencies. al, State, tribal, regional, and agement agencies, not met as evidenced by: ew and interviews, the plant alternate means for acility staff, regional and ring an emergency. The evelop an alternate means h staff, regional and local n emergency. The facility's emergency and (revised 5/21/18) did not n regarding alternate ion. To 7/2/18, staff stated they alternate communication event of an emergency.			E 032 The facility will develop specific policies and procedures to address emergency preparedness specific to including a facility and community based risk assessment utilizing all hazards approach. The team will complete a facility and community based risk assessment to update/revise current emergency preparedness plan. The information will be specific to the facilities level of risk such as in the case of flood, fire, tornadoes, hurricanes, winter storms and bio-terrorism. The team will monitor monthly and make annual updates.	o y-	(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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: N34D11

Facility ID: 922227

If continuation sheet Page 1 of 17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G257	B. WING_	<u> </u>	•	·o	7/03/2018	
	ROVIDER OR SUPPLIER			68 H	EET ADDRESS, CITY, STATE, ZIP CODE ILLSIDE STREET RKTON, NC 28433			
(X4) ID PREFIX TAG	(EAGH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
E 032	Continued From pag	e 1	E	032				
W 240	intellectual disabilitie an in regards to an a communication "noth INDIVIDUAL PROGF CFR(s): 483.440(c)(d) The individual progra relevant intervention toward independent interview the facility information in 1 of 3 program plan (IPP) shehavioral/environmaddress her behavior findings include:	ning has been put in place." RAM PLAN (3)(i) am plan must describe as to support the individual ce. not met as evidenced by: on, record review and failed to include specific audit client's (#6) individual specific to lental modifications to ors during mealtime. The	 	240	W240- The facility will ensur that all IPP's include specific information to support their independence during dinnin QP will update/revise clients IPP and BSP to include sitting with peers one day out of th week. Program Manager wi monitor weekly and QP will monitor monthly.	: - g. #6 g ee		
	did not include spec strategies used duri inappropriate behav During observations 12:08pm, client #6 v kitchen ledge eating 1:1 with her assistin a spoon and drinkin built up sectioned p utensils. Her food t	behavior support plan (BSP) ific information about ing mealtime to address her ior. of lunch on 7/2/18 at vas seated in a chair at the lunch. Direct care staff was g her scooping her food using g from a cup. She utilized a late and regular cups and exture was pureed. The other ad in the dining room table with						
	During observations	s on 7/2/18 at supper on						

	ATÈMENT OF DEFICIENCIES AD PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI			(X3) DATE SURVEY COMPLETED	
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W 240	7/2/18 and on 7/3/18 also seated at the kil 1:1 direct care staff a mealtime. During bo were seated at the dicare staff.	at breakfast client #6 was tchen ledge in a chair with assisting her during th meals, the other 5 clients ining room table with direct with direct with direct care staff revealed	: . W:	240			
	other clients becaus to reach for the othe interview revealed h pureed and consum other than her preso to her and can be di Review on 7/3/18 of revealed she is pre-	I in the kitchen away from the e she will sometimes attempt r client's food. Further er food texture is to be ing another food texture, wibed diet, poses a safety risk sruptive during mealtime. I client #6's IPP dated 6/28/18 scribed a heart healthy diet' exture, Further review of the					
	IPP revealed client	#6 uses a built up sectioned eats family style dining and					
	addresses severe d aggression, propert accidents and PICA and the BSP reveal separating client #6	y destruction, toileting					
	disabilities profession no information in the regarding separating the facility during maconfirmed client #6	with the qualified intellectual conal (QIDP) revealed there is e IPP or the BSP for client #6 g her from the other clients in lealtimes. Further interview is seated at the kitchen ledge fety and environmental					

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			68	REET ADDRESS, CITY, STATE, ZIP CODE I HILLSIDE STREET LARKTON, NC 28433		
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W 242	reasons due to her mand safety concerns INDIVIDUAL PROGE CFR(s): 483.440(c)(6). The individual prograthose clients who lace skills essential for pri (including, but not limpersonal hygiene, debathing, dressing, grof basic needs), until that the client is deveacquiring them. This STANDARD is Based on observation interview the interdisensure objective trainelative to toileting waudit clients (#4). The Client #4's interdiscipestablish training in address his personal During observations 11:55am, the top of could be seen at the walked through the I Direct care staff stop clothing so his shirt of the Interview on 7/2/18 or client #4 is incontined.	eed for increased staffing at mealtime. AM PLAN ()(iii) Im plan must include, for k them, training in personal vacy and independence nited to, tollet training, and hygiene, self-feeding, coming, and communication it has been demonstrated elopmentally incapable of the ciplinary team failed to ning to meet identified needs ere implemented for 1 of 3 are finding is: In the facility on 7/2/18 at client #4's disposable brief top of his shorts while he fiving room area of the facility. Sped him and readjusted his covered the top of his shorts. With direct care staff revealed int of bowel and bladder and	į	240	W 249 The facility will ensure individuals receive training in area of toileting, personal hy self-feeding, bathing, groomin communication. Life Skills Specialist will assess client #4's toileting skills and develop a toileting goal specific to his needs. Program Manager and Life Skills Specialist will monitor weekly. QP will monitor monthly.	ithe giene,	
		iefs throughout the day and ew revealed he is not on a					

STATEMENT Ó AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 242	client #4 was admitted Review of his individed the day are throughout the day are vealed there was considered for client independent in this independent in this interview on 7/3/18 disabilities profession is incontinent of bowdisposable briefs are for toileting accident no consideration by establish any object toileting for client #4 revealed he has not physician to determine the cannot be toileting. PROGRAM MONITICER(s): 483.440(f). The committee shot monitor individual principal profession of the client protection and the protection and the protection and the facilities.	client #4's record revealed ed to the facility on 5/21/18. Itual program plan (IPP) led he is incontinent of bowel ars disposable briefs and night. Further interview not any objective training to #4 to make him more area. With the qualified intellectual onal (QIDP) revealed client #4 wel and bladder, wears and is checked every 2 hours at the interdisciplinary team to tive training in the area of 4. Additional interview there was the energy and interview there is any medical e trained in the area of the TORING & CHANGE (3)(i) suld review, approve, and orograms designed to manage vior and other programs that, a committee, involve risks to	W 2-	W262- The facility will en that all BSP's are reviewe the Human Rights Comm QP will have client#4, #6 reviewed by the Human I Committee. QP will mon monthly.	ed by ittee. BSP's Rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN			(X3) DATE SURVEY COMPLETED				
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W 262	monitored by the HRC). The finding client #4's behave psychotropic ment the HRC. During observation 5:06pm client #4 porch with the response observed attempte put bilateral mitted outside of each remove the mitted cutside of each remove the mitted self-injurious bely the mittens cannot than 1 hour 15 minutes. She state is calm enough states they document that the was admitted of his individual has target behave which was addressed to 5/24/18 revealed non-contingent applied when here	#6) were reviewed and human rights committee (gs are: ioral restrictions and dications were not reviewed by ons in the facility on 7/2/18 at was sitting outside on the back sidential manager. He was otting to hit himself several times, d to hit himself in the eye. Staff ons on his hands that tied on the nitten. Client #4 could not	W 2	62					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CON		(X3) DATE SURVEY COMPLETED		
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	Continued From page applied by staff and be removed by clien remain on his hands minutes without a brothis non-contingent the behavioral data. Review on 7/3/18 of 6/5/18 for client #4 r Seroquel 50 mg. set his inappropriate be at night for sleep. Review of the Human minutes revealed the restriction and the understriction and the understrict	tie on the outside and cannot at #4. The mittens cannot armore than 1 hour 15 reak for 15 minutes. Use of device is to be recorded on sheet. If the physician orders dated revealed he is prescribed veral times daily to address havior and Trazedone 100mg. In Rights Committee (HRC) are use of this behavioral is e of Seroquel and at #4 had not been discussed seeting was held on 4/10/18		262		·		
	2. The HRC did not involving psychotro utilized for sleep or her inappropriate but 12:08pm, client #6 kitchen ledge eating 1:1 with her assisting a spoon and drinking built up sectioned gutensils. Her food	nt #4's admission on 5/21/18. review client #6's restrictions pic medication, medication techniques used to address ehaviors at mealtime. s of lunch on 7/2/18 at was seated in a chair at the g lunch. Direct care staff was ng her scooping her food using ng from a cup. She utilized a plate and regular cups and texture was pureed. The other ed in the dining room table with						

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NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
MIDLAKE	RESIDENTIAL			68 HILLSIDE STREET CLARKTON, NC 28433			
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147.000	0 4			i .			
W 262		e /	. W 2	62.			
	direct care staff.		1			:	
	disabilities profession is seated at the kitch safety and environm needs for increased prescribed pureed disafety concerns regards.	vith the qualified intellectual nal (QIDP) revealed client #6 len ledge at mealtimes for ental reasons due to her staffing and her need for a let texture. This also involves earding her inappropriate leace of eating at mealtime.	:				
•	behavior support pla address her target b behavior, aggression toileting accidents, F make responsible cl	client #6's record revealed a an (BSP) dated 8/4/17 to ehaviors of severe disruptive n, property destruction, PICA, spitting and failure to noices. The use of ations is included in this					
	dated 5/16/18 revea 300 mg. (1) TID, Se 50 mg. (1) at 5pm a Clonazepam 2 mg. Lorazepam 3 mg.or	client #6's physician orders aled she receives Gabapentin roquel 300mg. (1) Seroquel nd Seroquel 50 mg. at 8am, (1) TID, Diazepam 5 mg. and he hour prior to dental zedone 100 mg. at night for					
	7/17/17, 10/25/17 a discussion of the ps client #6 and no disrestrictions involving #6 during mealtime safety concerns relabehaviors.	f the HRC meeting minutes for and 4/10/18 involved no sychotropic medications for scussion of the mealtime g techniques to separate client from the other clients due to ated to her inappropriate		· · · · · · · · · · · · · · · · · · ·			
1	Review on 7/3/18 o	f client #6's BSP dated 8/4/17	1			İ	

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		34G257	B. WNG			07/03/2018		
NAME OF PR	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
MIDLAKE	RESIDENTIAL				B HILLSIDE STREET CLARKTON, NC 28433			
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W 262	revealed the HRC ch informed consent for Interview on 7/3/18 v had been no discuss since 8/4/17 of envir mealtime, the continu	airperson had given written this program on 8/4/17. with the QIDP revealed there ion at the HRC meetings conmental restrictions at ued BSP for client #6 which	; w	262				
W 263	PROGRAM MONITO CFR(s): 483.440(f)(3 The committee shoulare conducted only we	i)(ii) Id insure that these programs with the written informed , parents (if the client is a	W	263	all clients informed consents are completed and signed. (1,2)QP will obtain written informed consents for medication and the use of			
	Based on observati interview, the facility behavior support plate the written informed	cted 2 of 4 audit clients (#4,			mittens for client#4 and written informed consent for medication for client#6. QP w monitor monthly.	vill		
	informed consent for medication and use During observations were observed applimittens to client #4's attempt to engage in	llectual disabilities failed to obtain written r client #4's psychotropic of restrictive mittens. s on 7/2/18 and on 7/3/18 staff ying and removing restrictive s hands when he would n self-injury to his head. Client move these mittens.						
		f client #4's record revealed the facility on 5/21/18. Further					:	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER		68 H	EET ADDRESS, CITY, STATE, ZIP CODE ILLSIDE STREET ARKTON, NC 28433	
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W 263	guardian had been by the court. Revie plan (IPP) revealed self-injurious behavior guidelines included the use of mittens that were thit himself or tries mittens are to apploutside and canno mittens cannot renhour 15 minutes were use of this non-corecorded on the beaview on 7/3/18 6/5/18 for client #4 Seroquel 50 mg. Interview on 7/3/18 for clie	had been adjudicated and a assigned to act on his behalf aw of his Individual program. It he has target behaviors of vior which was addressed by a further review of the addressed by applied when he attempts to to poke himself in the eye. The lied by staff and tie on the abertance is to be removed by client #4. The main on his hands more than 1 lithout a break for 15 minutes. Intingent device is to be chavioral data sheet. In the physician orders dated revealed he is prescribed everal times daily to address behavior and Trazedone 100mg. Be with the QIDP revealed he written informed consent from the use of cations or the use of restrictive and interview revealed this had ad not been received as of this terview revealed a new of the physician or the guardian and be arranged for the service direct care staff at the not obtain written informed.	W 263		
1	2. The QIDP did r	ot obtain written informed			<u> </u>

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER RESIDENTIAL		•	68	TREET ADDRESS, CITY, STATE, ZIP CODE 3 HILLSIDE STREET LARKTON, NC 28433		
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W 263	Continued From page consent from client # active treatment property of psychotropic med. Review on 7/3/18 of she had been adjudilegal guardian was a on her behalf. Review on 7/3/18 of behavior support pland address her target behavior, aggresslot toileting accidents, Finake responsible of psychotropic medical program. The conseprogram did not inclusing accidents. The behavior and the CIDP human rights comm. Review on 7/3/18 of dated 5/16/18 reveals.	de 10 #6's legal guardian for her gram which included the use ication. client #6's record confirmed assigned by the court to act client #6's record revealed a m (BSP) dated 8/4/17 to ehaviors of severe disruptive in, property destruction, PICA, spitting and failure to noices. The use of ations is included in this ent page at the back of this ude the legal guardians avior support program was the Psychologist and the littee on 8/4/17. client #6's physician orders alled she receives Gabapentin		263	DEFICIENCY)		
W 288	50 mg. (1) at 5pm a Clonazepam 2 mg. Lorazepam 3 mg.or procedures and Tra sleep. Interview on 7/3/18 had been unable to consent from client		: : : ! . V	V 288			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
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MIDLAKE	RESIDENTIAL			CI	LARKTON, NC 28433			
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W 288	Continued From pa	nge 11	: w:	288 	MICOS TI C III. III	\		
	CFR(s): 483.450(b)	-	:		wzoo- The facility will ensure			
	!	\\-\	:	:	that techniques to manage) 	
	Techniques to man	age inappropriate client	,		inappropriate client behavior	1		
	behavior must neve	er be used as a substitute for	•	į	must never be used as a		l	
-	an active treatment	t program.			substitute for an active			
					treatment program.			
	t .	s not met as evidenced by:		;	QP will meet with Psychologist			
	1	tions, record review and			and update/revise client#6 BSP.			
		n failed to assure techniques		:	:			
. *		priate behavior were not used	i		QP will monitor monthly.			
		active treatment for 1 of 3	1		•	1	\	
		5) relative to separating her nts at mealtime. The finding is:	<u> </u>		•			
	i nom and outer one.	to actividation title intantigues				•		
		ating client #6 at mealtime was nt #6's behavior support			· ;			
	p 3				1			
	During observation	ns of lunch on 7/2/18 at						
		was seated in a chair at the	i					
		ng lunch. Direct care staff was						
,		ing her scooping her food using	:					
		ng from a cup. She utilized a						
		plate and regular cups and	ŀ					
l		texture was pureed. The other			:		İ	
	direct care staff.	ted in the dining room table with	!					
	oned date stail.	•	i		•			
	During observation	ns on 7/2/18 at supper on						
		18 at breakfast client #6 was	į				!	
		kitchen ledge in a chair with						
		ff assisting her during	ļ					
		both meals, the other 5 clients						
		e dining room table with direct						
	care staff.	·						
					:			
		8 with direct care staff revealed	i					
1	client #6 is seated	I in the kitchen away from the	! '		i		1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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MIDLAKE	RESIDENTIAL			C	LARKTON, NC 28433			
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			<u> </u>	***************************************		,		
W 288	Continued From page	e 12	· · w	288				
	other clients because	she will sometimes attempt			<u>!</u>	į		
		client's food. Further			!	:		
	interview revealed he	er food texture is to be				i .		
	pureed and consumi	ng another food texture,				İ		
		ribed diet, poses a safety risk-	:				ľ	
1	to her and can be dis	sruptive during mealtime.				Ì		
,		client #6's individual program				. !		
		8/18 revealed a BSP dated			,		İ	
		s severe disruptive behavior,			:	,		
		destruction, toileting	:			į		
	•	Further review of the IPP	i .			İ		
		ed no information regarding in another area of the dining				ļ		
		ring mealtimes due to her						
	inappropriate behavi	-			:	ļ		
		:	i					
	Interview on 7/3/18 v	with the QIDP revealed the			,		•	
		ling client #6 at mealtime is	:		,			
1		a prescribed puree diet			:		:	
	texture and that she	will attempt to grab other			1			
	clients food at the di	ning room table. Additional					; i	
		lient #6 attempts to eat at a						
		1:1 staffing at meals. The	:					
		technique to separate her at	;		•			
	1	ther clients is not included in	i			t		
	client #6's BSP.	•					:	
W 312	DRUG USAGE		V	/ 312	2 W312-The facility will assure	1		
	CFR(s): 483.450(e)((2)			that all medications used for	1		
	* D	and afternoon manufacts to the state of	1		behavior control were	1		
		rol of inappropriate behavior	i		integrated into an active	\	!	
		is an integral part of the	ı		treatment program.	1	:	
		ogram plan that is directed				1	1	
		the reduction of and eventual			QP will have client#4's BSP	1		
	are employed.	haviors for which the drugs	:		signed by guardian and	1		
1	are employed.		i		inservice all staff members. QP	,	\ <u> </u>	
1					will monitor monthly.		Ļ	
					win monitor monthly.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		34G257	B. WING_		07/03/2018
	PROVIDER OR SUPPLIER	,		STREET ADDRESS, CITY, STATE, ZIP C 68 HILLSIDE STREET CLARKTON, NC 28433	ODE
(X4) ID PREFIX TAG	(FACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		TON SHOULD BE COMPLETION THE APPROPRIATE DATE
W 312	Continued From page 13 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure all medications used for behavior control were integrated into an active treatment program for 1 of 3 audit clients (#4). The finding is: The qualified intellectual disabilities professional		W	312	
	(QIDP) failed to ensign program was develoned in the imappropriate because of psychotropic Review on 7/3/18 of 6/5/18 for client #4	sure an active treatment oped for client #4 to address shaviors which included the			
W 4	behavior support p which was dated 6, program could not received written co stated it would als Psychologist to ins facility. Further inte have written conse therefore the beha #4 had not been in SPACE AND EQU CFR(s): 483.470(g The facility must p equipment in dinin recreation, and pr adequately equipy	IPMENT		W 435 The facility sufficient space an leisure material to individuals IPP pla Program Manager staff with activities monitor monthly.	d equipment for follow each will inservice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G257		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A, BUILDING				(X3) DATE SURVEY COMPLETED	
		B. WING				7/03/2018		
NAME OF PROVIDER OR SUPPLIER MIDLAKE RESIDENTIAL				STREET ADDR 68 HILLSIDE CLARKTON				
(X4).ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	···	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
W 435	clients with needed subpart and as ident program plan. This STANDARD is Based on observatireview, the facility faculpment was avaistaff to provide 2 of non-audit client (#1) identified by the indicate the finding is:	lity) to enable staff to provide services as required by this diffied in each client's individual not met as evidenced by: ons, interviews and record diled to ensure sufficient liable to enable direct care a audit clients (#5, #6) and with needed services as ividual program plan (IPP). provide a variety of working 2 of 3 audit clients and one	W	#1,#4 a leisure have m manag Specia	cility will provide client and #6 with working e activities that do not missing pieces. Progran ger and Life Skills alist will monitor weekl P will monitor monthly	m Iy		
	During observations 4:48pm, direct care non audit client #1. and tried to activate was not working. D it isn't working. I gu Client #1 dropped t up to look for anoth During observation 5:05pm, direct care wanted to play with leisure closet. And overheard to tell he broken, you will ha During observation 6:42am, direct care	is in the facility on 7/2/18 at staff offered a talking book to Client #1 flipped the pages the sound for this book but it irect care staff told her, "Sorry, ess the batteries are dead." the book on the couch and got her activity. Is in the facility on 7/2/18 at a staff asked client #5 if she in the connect four game in the other direct care staff was per, "The connect four game is even to do something else." In the facility on 7/3/18 at a staff offered client #6 a sound rect care staff tried to activate						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	E CONSTRUCTION	COM	APLETED 1
34G257			B. WING		07/03/2018	
	PROVIDER OR SUPPLIER RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 68 HILLSIDE STREET CLARKTON, NC 28433		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 438	Continued From pag reached for a puzzle locks. Observation on 7/2/1 facility revealed a boconnect four game, pieces, a tabletop gacontainer with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with some container with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with graph revealed she is non facial expressions. Interview on 7/2/18 of plan (IPP) dated 6/2 strengths to make container with some programmuch as possible, some choices when promactivities or programmuch as possible, some container with some programmuch as possible, some container with some programmuch as possible, some container with some programmuch as possible, some container with sidew puzzles with locks at the plan (IPP) dated 6/2 strengths to make container with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with sidew puzzles with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of plan (IPP) dated 6/2 strengths to make container with locks at Review on 7/3/18 of pl	with different types of safety 18 of the leisure closet at the office with bubbles, a broken a badminton set with missing ame with missing pieces, a ralk chalk, and several and safety devices to activate. 1 client #6's individual program 18/18 indicates she has hoices. 1 client #6's behavior support if under prevention of piors on page 5, "[Client #6] when she is prompted to be ferred activity. Therefore, as staff should provide [client #6] pting her to engage in	. W 438			
	revealed several of are broken or in ne interview revealed responsible for pur Interview on 7/3/18 disabilities professi	ctivities. Further interview ithe facility's leisure activities ed of repair. Additional they were not certain who was chasing leisure materials. It with the qualified intellectual tional (QIDP) revealed clients non-verbal but they are				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		•	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	• •	34G257	B. WING			0	7/03/2018
NAME OF PROVIDER OR SUPPLIER MIDLAKE RESIDENTIAL				STREE 68 HIL CLAR			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 435	preferred leisure ac revealed he was ur	ge 16 choices when provided tivities. Further Interview taware that several of the for the clients in the facility		435			
		eed of being replaced.					2
				; ; 			
						·	
			1	and the second s			
			:	1			