

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/23/2018
NAME OF PROVIDER OR SUPPLIER PINE RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 739 ARTHUR MADDOX ROAD SANFORD, NC 27330		
(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 125}	<p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 6 audit clients (#1, #3, #4, #6) had the right to be addressed by their legal name and have a consent obtained by their legal guardians. The findings are:</p> <p>1. Consents were not signed by the legal guardians for clients #1, #3 and #6.</p> <p>a. Review on 5/9/18 of client #1's record revealed a behavior support plan (BSP) dated 12/26/17. Further review revealed client #1's behavior medications are: Tegretol, Depakote, Abilify and Ativan. Additional review of client #1's record revealed he does not have a current behavior consent signed by his legal guardians.</p> <p>b. Review 5/9/18 of client #3's record revealed a BSP dated 9/2/17. Further review revealed client #3's behavior medications are: Prozac and Ativan. Additional review of client #3's record revealed he does not have a current behavior consent signed by his legal guardians.</p> <p>c. Review 5/9/18 of client #6's record revealed a</p>	{W 125}			

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.

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

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{W 125}	<p>Continued From page 1</p> <p>BSP dated 12/30/17. Further review revealed client #6's behavior medications are: Abilify and Onfi. Additional review of client #6's record revealed her BSP consent expired on 4/4/17.</p> <p>During an interview on 5/9/18, the qualified intellectual disabilities professional (QIDP) confirmed clients #1 and #3 records did not have a BSP consent for their medications signed by their legal guardians. The QIDP also confirmed client #6's consent for her behavior medications had expired.</p> <p>During a follow up on 8/23/18, the above W tag remains out of compliance.</p>	{W 125}		