STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G268	A. BUILDING _____ B. WING _____	C 01/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORE COUNTY HOME FOR AUTISTIC ADULTS	1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315

(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 148	COMMUNICATION WITH CLIENTS, PARENTS & CFR(s): 483.420(c)(6) The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to assure the guardian was notified of a significant incident that occurred with client #1 which resulted in an injury. This affected 1 of 2 audit clients. The finding is: There was no evidence that the guardian had been notified when client #1 was injured by a peer. Review of documentation in client #1's record on 1/3/19 revealed no documentation that the nurse or any staff had notified the legal guardian. Interview with the nurse on 1/3/19 revealed she had not documented any contact with the guardian about the incident injuring client #1;however, she stated that she had called and left voicemail's. The nurse was asked to show a screen shot of the phone number to the guardian dialed on her cell phone and she stated she could not produce that because she used a different cell phone. The nurse stated she had called numerous times and that the guardian said there was a list of other emergency contacts that the nurse did not know anything about. An interview with the guardian on 1/3/19 revealed	W 148		

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.

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W 148	Continued From page 1 she was not contacted nor were there missed calls or voicemails from the nurse or facility stating client #1 had been injured.	W 148		
W 258	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(1)(iv) The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is being considered for training towards new objectives. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the qualified intellectual disability professional (QIDP) coordinated the services for contacting the legal guardian and or family members when an injury occurs. This affected 1 of 2 audit clients (#1). The finding is: Client #1's individual program plan (IPP) did not have a list of emergency contacts for when the guardian could not be reached in an emergency. Review of the record on 1/3/19 revealed client #1's IPP did not include a list of emergency contacts other than the legal guardian. Review of documentation in client #1's record on 1/3/19 revealed no documentation that the nurse had notified the legal guardian of an incident causing harm to client #1. Interview with the nurse on 1/3/19 revealed she had not documented any contact with the guardian about the incident injuring client	W 258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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W 258	Continued From page 2 #1;however, she stated that she had called and left voicemails. The nurse was asked to show a screen shot of the phone number to the guardian dialed on her cell phone and she stated she could not produce that because she used a different cell phone. The nurse stated she had called numerous times and that the guardian said there was a list of other emergency contacts that the nurse did not know anything about. An interview with the guardian on 1/3/19 revealed she was not contacted nor were there missed calls or voicemails from the nurse or facility stating her child had been injured. She stated that she had relayed to management a list of emergency contacts. She also indicated that the group home management was afraid to contact her because of a medication issue that had recently happened when staff failed to deliver meds as directed during a home visit. An interview on 1/3/19 with the management confirmed there was no list of family members to contact in emergency listed in the IPP.	W 258		