STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G030	A. BUILDING _____ B. WING _____	C 02/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD PARK HOME	126 ROBINHOOD LANE 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 000	INITIAL COMMENTS A complaint survey was conducted on 2/22/19 for Complaint Intake #NC00148755.	W 000		
W 252	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and staff interview, the team failed to ensure data relative to the behavior support plan (BSP) was taken as prescribed for 1 of 2 sampled clients (#1). The finding is: Direct care staff failed to collect data for client #1's BSP. Review on 2/22/19 of an incident report and an internal facility investigation dated 2/17/19 revealed client #1 was very upset on 2/17/19 when direct care staff was attempting to give her medication around 5pm. Client #1 began using profanity and direct care staff rolled client #1 in her wheelchair to her bedroom. Client #1 became more upset, continuing to use profanity and then subsequently, client #1 threw a glass of milk at direct care staff in the bedroom. Interview on 2/22/19 with client #1 confirmed she was very upset on 2/17/19 at the facility around 5pm, using profanity and she threw a glass of milk at staff.	W 252		

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 252	Continued From page 1 Interview on 2/22/19 with three direct care staff who were working at the facility on 2/17/19 all confirmed that client #1 was very upset on 2/17/19 around 5pm and that she was using profanity. Two direct care staff stated a direct care staff who was working with client #1 came out of her bedroom into the dining room with a wet shirt and pants telling them client #1 had thrown a glass of milk on her. Review on 2/22/19 of the behavior data sheet for client #1 revealed no data taken for the behavioral incident on 2/17/19. Interview on 2/22/19 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should have documented this incident.	W 252		