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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/26/2019 |
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| NAME OF PROVIDER OR SUPPLIER SOUTHRIDGE ROAD | STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTHRIDGE RD JAMESTOWN, NC 27282 |
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| (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 |
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| W 252 | <p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on review of records and interview the team failed to ensure data for 2 of 2 money management objectives listed in the person centered plan (PCP) for 2 of 3 sampled clients (#1 and #3) was collected as prescribed. The findings are:</p> <p>A. The team failed to ensure data for a training objective to address money management listed in the PCP for client #1 was collected as prescribed. For example:</p> <p>Review of records on 2/26/19 for client #1 revealed a PCP dated 4/1/18. Review of the current PCP revealed a training objective for client #1 at least twice a month, when shopping, to carry a chosen item to the counter and place it on the counter with no more than two verbal prompts per occasion. Additional review of the purchasing objective, implemented 4/2018 revealed the client to remain at 0% throughout the review year. Review of data related to the purchasing objective revealed for 8 of 10 months of implementation over the review year, the objective was not implemented as prescribed.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed she was aware client #1's purchasing objective had not</p> | W 252 | | |
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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 | <p>Continued From page 1</p> <p>been implemented as prescribed for most of the review year. Continued interview with the QIDP verified client #1's purchasing objective had not been revised over the review year although the client remained at 0%. Interview with the QIDP further revealed client #1 does get out into the community although the purchasing objective had not been implemented by staff as prescribed. The QIDP additionally verified client #1's purchasing objective should have been implemented as prescribed and revised according to skill progress or decline of the client.</p> <p>B. The team failed to ensure data for a training objective to address money management listed in the PCP for client #5 was collected as prescribed. For example:</p> <p>Review of records on 2/26/19 for client #5 revealed a PCP dated 5/24/18. Review of the current PCP revealed a training objective for client #5 to make a purchase twice a month with no more than 3 verbal prompts per occasion for 6 consecutive months, implemented 5/2018. Review of data related to the purchasing objective for client #5 revealed for 4 of 9 months of implementation over the review year, the objective was not implemented as prescribed. Additional review of data for client #5's purchasing objective revealed in 6/2018 the client was at 100% achievement and from 11/2018 through 2/2019 the client was at 0% achievement.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed she was aware client #5's purchasing objective had not been implemented as prescribed for most of the</p> | W 252 | | | |

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

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| W 252 | Continued From page 2 review year. Continued interview with the QIDP verified client #5's purchasing objective had not been revised over the review year although the client had declined in goal progress since 6/2018. Interview with the QIDP further revealed client #5 does get out into the community although the purchasing objective had not been implemented by staff as prescribed. The QIDP additionally verified client #5's purchasing objective should have been implemented as prescribed and revised according to skill progress or decline of the client. | W 252 | | |