PRINTED: 03/01/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT O AND PLAN OF	OF TEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	RIPLE CONST		(X3) DATE	
		34G103	B. WING			02/	26/2019
NAME OF PE	ROVDER OR SUPPLIER			1050 HO	ADDRESS, CITY, STATE, ZIP CODE GAN STREET FEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OLD BE	(X5) COMPLETIO DATE
W 122	CLIENT PROTECTION CFR(s): 483.420 The facility must ensignate of the protections requirements of the contractions of the contraction o	ure that specific client	w	122	All staff will be trained facility's written policie procedures to provide statutorily mandated sQP will monitor month compliance.	es and services.	4/12/201
W 149	The facility failed to: and procedures that (W149).  The cumulative effect resulted in the facility statutorily mandated to its clients.  STAFF TREATMENT CFR(s): 483.420(d)()  The facility must dev policles and proceduristreatment, neglect mistreatment, neglect liertylew, the facility behavioral interventic client #2's elopement	r OF CLIENTS  1)  relop and implement written tres that prohibit ct or abuse of the client.  not met as evidenced by: of facility documents and staff neglected to revise on strategies that addressed at behaviors from the facility n, after she subsequently ity on four separate	W	149	The faculty will implemen that prohibit mistreatment abuse of clients. More sp #2 behavioral strategies and included in the IPP. A inserviced and monitored Program/Home Manager completed weekly and bit QP.	, neglect or ecifically clien vill be revised All staff will be by Day will be	4/12/20
		t team falled to revise her s of elopement following four					
	Review on 2/25/19 o	of client #2's record revealed					(\$6) DATE

Any deficiency statement enting 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.

Event ID: ODOF11

Facility ID: 944879

PRINTED: 03/01/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD			(X3) DATE COMPI	SURVEY LETED
		34G103	B. WING			02/2	26/2019
NAME OF PROVID	DER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
CF The	IENT PROTECTION R(s): 483.420  e facility must ensured tections requirement	re that specific client	w	122	All staff will be trained on the facility's written policies and procedures to provide statutorily mandated service QP will monitor monthly for compliance.	d es.	4/12/201
The and (W) The res start to it W 149 ST/CF	e facility falled to: I procedures that p 149).  e cumulative effect ulted in the facility tutorily mandated a ts clients.  AFF TREATMENT R(s): 483.420(d)(1  e facility must deve icles and procedur	) lop and implement written	w	149	The faculty will implement proce that prohibit mistreatment, negle abuse of clients. More specifica #2 behavioral strategies will be and included in the IPP. All staf inserviced and monitored by Da Program/Home Manager will be	atment, neglect or ore specifically client egies will be revised IPP, All staff will be	
Ba inte ber clie and eloj occ	ised on a review of erview, the facility in navioral intervention int #2's elopement If the day program, ped from the facilit	not met as evidenced by:  facility documents and staff neglected to revise  n strategies that addressed behaviors from the facility after she subsequently y on four separate ecember 20, 2018- ne finding is:			completed weekly and bimonthl QP.		
beh		team failed to revise her of elopement following four facility.		*********			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Rev	view on 2/25/19 of	client #2's record revealed					

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		TE SURVEY MPLETED
		34G103	B. WNG_		0	2/26/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 149	she was admitted on individual program pl revealed she has dia Intellectual Disability. Palsy and Schizophr IPP revealed a behar dated 11/1/18 which increase her socially and decrease episoci behaviors. Her targe Non-compliance, atte walking away from g inappropriate behavi included: verbal redimedications.  Interview on 2/25/19 client #2 had eloped admission. Staff stat facility one evening rand was later located being out of staff surminutes.  Review on 2/25/19 client #2 had eloped admission.	10/22/18. Review of her lan (IPP) dated 11/14/18 gnoses of Moderate , Seizure Disorder, Cerebral enla. Further review of the vior support plan (BSP) stated," [Client #2] will appropriate social behavior les of inappropriate t behaviors were listed as: ention seeking behaviors, roup home and sexually	W	149		
	revealed the followin  1) December 20, 20 noticed client #2 not immediately to look	ng: 18 4:41pm: Staff and I in her bedroom. I left for her. I rode around in				
	6pm and discussed	bcated her talking to her back to the facility at why she left. She wants to d Social Worker to visit her to	a physician and a successive succ			Angelia de la casa de
	2) January 10, 2019	: Staff called Home Manager facility (no time given). One				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION  JILDING			NTE SURVEY OMPLETED
		34G103	B. WNG		The state of the s		02/26/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 149	the neighborhood. For 6:30pm-6:35pm. Four She stated she will le looking.  3) February 6, 2019: to assemble other cliswas not at day prograintellectual disabilities the Administrator. Lo found inside funeral of door.  4) February 16, 2019 Manager called stating going out window which with her. Staff went to 7:25pm at neighbors were on duty at the fall interview on 2/25/19 revealed client #2 recishe is not in the immediate area shedroom. She stated four elopements from	Manager looked throughout bound client #2 at an eighborhood home. when staff are not when staff are not (No time given). Staff began ents and noticed client #2 am. Called the qualified is professional (QIDP) and oked behind office. Client #2 car at funeral home next of (no time given) Home and client #2 left facility by the staff were not present to look for her. Found about house at 7:15pm. Two staff acility.  With 4 direct care staff quires 30 minute checks if ediate area.  With the residential manager chally instructed staff to the facility. Additional the was not aware of any	w	149			
The second se	had left the facility se supervision. She stat facility to go see her	with client #2 confirmed she everal times without staff ted she wanted to leave the boyfriend and her family, red and wants to get a lob.			THE STATE OF THE S		

	DF DEFICIENCIES CORRECTION				(X3) DATE COMP	SURVEY LETED		
		34G103	B. WING			02/26/2019		
NAME OF PI	AME OF PROVIDER OR SUPPLIER Y PLAGE			10	REET ADDRESS, CITY, STATE, ZIP CODE 150 HOGAN STREET AYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP			(X5) COMPLETION DATE	
W 149	She stated she elope by jumping from a se resulted in severe ph hospitalization for set she has an opportunifacility again.  Additional interview of administrator reveale revisions to the BSP Additional interview of increased supervision environmental modificated movement by cameras were being however they were not be assed on the facts that her interdiscipling behavioral strategies elopements and clier opportunity, she may the surveyor on site of immediate jeopardy form: Missing Person Persons Response Fininutes staff sign all completed by staff in 3rd shift staff notified changes made. Addedition and possible staff sign all completed by staff in 3rd shift staff notified changes made. Addedition of the surveyor made.	d from a previous placement cond story balcony which ysical injuries necessitating veral months. She stated if ity, that she will leave the on 2/25/19 with the d there had been no since the four elopements. evealed there had been no in for client #2 and no cations to the facility to client #2. She stated installed in the facility, ot operational.  That client #2 has eloped from since December 20, 2018, any team has not revised her to address these in t#2 indicated if given the extempt elopement again, notified the Administrator an existed to client #2.  If the following Plan of 5/19 to remove the to client #2: " Developed the instructions, Missing Plan, documentation every 15 of the above forms will be inmediately. All 1st, 2nd and by telephone 2/25/19 of endum to be completed to	W	149				
	[Client #2's] IPP and Incident reports are i Administrator will mo	BSP estimate 2/26/19 pm.						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	SURVEY PLETED
		34G103	B. WNG			02/	26/2019
NAME OF P	ROMDER OR SUPPLIER			10	(REET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
 W 149	were conducted on si the facility at 8:30pm supervision was undervery 15 minutes. In a were instructed to phy bedroom, with the docould check her every time hours. Following by the Director and the disabilities profession Plan of Protection for 8:30pm, it was determed was sufficient to remove ACTIVE TREATMEN' CFR(s): 483.440  The facility must ensurate the team failed to: a received a continuous which includes aggress implementation of a progenity of the local continuous which includes aggress implementation of the local continuous which includes aggress in the local continuous which includes aggress in the local	ed on 2/25/19 and interviews the with all staff working at the confirm client #2's level of presence to be increased to addition, direct care staff visically sit outside of her or partially open, so they or 15 minutes during night all staff being re inserviced e qualified intellectual al (QIDP) and reviewing this client #2 on 2/25/19 at hined the Plan of Protection over the jeopardy to client #2. If SERVICES  are that specific active quirements are met.  The continuous active treatment program, asive, consistent rogram of specialized and reatment directed towards behaviors necessary for the less much self-determination apossible (W196, W249););  and skills were assessed		149	The faculty will inservice all staff on the treatment model process and implement of include aggressive and consistent towards the acquisition of skills for clie function with as much self-determination independence as possible. Each staff trained on each client's needs as identicative treatment process will be monitorally and documented weekly by the manager/day program manager. Monitorally weekly by QP and documented bimonitorally and manager.	entation. training ents to on and will be tified for on of the ored tored tored	4/12/2019
	(W225); assure the in- stated the specific obj the client's needs, as	ectives necessary to meet					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION  NG	(X3) DATE COMP	SURVEY LETED
		34G103	B. WNG_		02/	26/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1050 HOGAN STREET  FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF  ( (EACH CORRECTIVE ACT  CROSS-REFERENCED TO TO  DEFICIENCY	TION SHOULD BE THE APPROPRIATE	(X6) COMPLETION DATE
	individual program pl who lack them, traini- for independence in g demonstrated that th incapable of acquirin failed to assure 2 of 3 (#2, #4) were provide and self-managemen preparation, dining a items (W247). ACTIVE TREATMEN CFR(s): 483.440(a)()  Each client must rec- treatment program, v consistent implemens specialized and genes services and related subpart, that is direc- (i) The acquisition of the client to function determination and in (ii) The prevention of or loss of current opt  This STANDARD is Based on observation interview, the team f continuous aggressi	ssment (W227); assure the an included, for those clients ing in personal skills essential grooming until it has been e client is developmentally g these skills (W242) and 3 clients residing in the home ed opportunities for choice in relative to meal indirection of personal in the first includes aggressive, intation of a program of eric training, treatment, health services described in this ted toward:	W	The facility will train all staff treatment process to includ address client #1 daily living assessed. The facility will e will receive training to addrese in the areas of daily and independent living as assessment. The implement active treatment process will daily by Home Manager/Da Manager and documented QP.	e strategies to g needs as ensure client #2 ess her specific living, vocational determined by her entation of the ill be monitored by Program	4/12/2019
Telephonical installed the Property of the American	individual program p the facility, which pro much independence	istent implementation of the lan (IPP) and interventions in omoted client function with as as possible and prevented ed skills. The findings	and deposit of the second of t	300,000,00	ukuma*mada;/***********************************	11 11 11 11 11 11 11 11 11 11 11 11 11

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE	SURVEY PLETED
		34G103	8. WNG_		02	/26/2019
MY PLAC	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETION DATE
W 196	Continued From page	96	W 19	96		
		ciplinary team did not ent strategies to address his oss reference W249				
W 225	strategies to promote community living, voc independent living ski interdisciplinary team behavioral strategies	ills. Client #2's also did not revise her to address continued eference W249 example #2.	W 2:	25 The facility will ensure all clients, sp	pecifically	4/12/2019
VV 223	CFR(s): 483.440(c)(3	)(v) unctional assessment must	VV 2.	client #2 and #4 will have a vocation assessment and needs will be incluted the IPP and addressed accordingly monitor monthly.	nal ded in	
	Based on record revi failed to ensure the co assessment (CFA) fo #4) included a curren	not met as evidenced by: few and interview, the facility comprehensive functional or 2 of 3 sampled clients (#2, or t assessment of the client's tional/vocational skills and are:				
	The interdisciplinary t	eam failed to complete nts for clients #2, #4.				
	program plan (IPP) de client #2-was admitte	of client #2's individual ated 11/14/18 revealed d to the facility on 10/22/18 IPP revealed there was no	**************************************		respectation from the superior and the s	o bestonium managaga ni ii
	vocational assessmen					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE S COMPL	
		34G103	B, WNG_			02/2	6/2019
NAME OF PE	ROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 50 HOGAN STREET LYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 225	through Friday. She in job in the community purchase cigarettes as Interview on 2/25/19 there was no vocation b) Review on 2/25/19 there was no vocation was no vocational as Interview on 2/25/19 there was no vocational Individual PROGF CFR(s): 483.440(c)(4) The individual program objectives necessary as identified by the community of the commun	ring the day Monday Indicated she wanted to get a Ito earn extra money to Ito		225	The facility will train all staff and impler training for client #2 on the areas of dre toothbrushing, bathing, dining and med administration. Staff will be inserviced objective and active treatment. Implementation will be monitored daily Home Manager/Day Program and documented weekly. Monitored weekly and documented bimonthly.	essing, lication on each by	4/12/2019
	Based on observation review the facility fail	not met as evidenced by: on, interview and record led to develop training for 1 of a the areas of dressing and ndings are:					
	Client #2 was not areas of dressing an	provided training in the d toothbrushing.					
		at the facility on 2/26/19 from ent #2 was assisted with ning and medication		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mar jan arananana.	***************************************

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G103	B. WNG		02/26/2019
NAME OF PE	ROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET TAYETTEVILLE, NC 28301	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 227	Continued From pag	e 8	W 227		
	dated 11/14/18 reveal and is independent in herself, dress herself bathe herself thorougher wants and needs several step direction listed to address her physical aggression, away from the home objectives listed: her an objective to bathe making objective.	f her individual program plan aled she is ambulatory, verbal in many areas. She can feed f, and requires prompts to ghly, She can communicate and is capable of following ins. She does have needs inappropriate behaviors of non-compliance, walking. She had the following behavior support objective, with assistance and a bed with staff revealed client #2 th dressing to select weather			
	appropriate clothing assistance with tooth a thorough job.  Interview on 2/26/29 qualified intellectual (QIDP) confirmed ar had not been compleadmission on 10/22/confirmed training has	and sometimes needs abrushing to ensure she does with the Director and the disabilities professional adaptive behavior inventory eted on client #2 since her 18. Further interview ad not identified in these t #2 lacks essential skills to			
W 242	complete these task INDIVIDUAL PROG CFR(s): 483.440(c)(	s independently. RAM PLAN	W 24:	to include sensory and communication needs as identified. All staff will be inserviced for implementation. Home	1
with a said to place of the egy of the development	those clients who lassills essential for put (including, but not linguishers on all hygiene, de	ck-them, training in personal	***************************************	Manager will monitor daily and docum weekly. QP will monitor weekly and document bimonthly.	ent

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		34G103	B. WNG			02/	26/2019
	IAME OF PROVIDER OR SUPPLIER  MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
 (X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 242	that the client is dever acquiring them.  This STANDARD is a The facility failed to a program plan (IPP) for included training in princependence in comstimulation as evident interview and record are:  1. Training was not deares of communicated are as of communicated to a communicated to a communicated to a coloring book. During the remained in his beautivity coloring a cole was manipulated to a coloring book. During the remained in his beautivity coloring a cole was manipulated to a coloring book. During the remained in his beautivity coloring a cole was manipulated to a coloring book. During the remained in his beautivity coloring a cole was manipulated to a coloring book. During the remained in his beautivity coloring at the coloring at t	it has been demonstrated alopmentally incapable of alopmentally incapable of a lopmentally incapable of a lopmentally incapable of a lopmentally incapable of a sasure the individual or 1 of 3 sampled clients (#1) ersonal skills essential for incurrenced by observation, verification. The findings are eveloped for client #1 in the lion or sensory stimulation.  In the facility from 3:25pm in his bedroom in bed with minutes from 3:35pm until is in the dining room for an oring book and his left hand hold a crayon to color in a going book and his left hand hold a crayon to color in a going book and his left hand hold a crayon to color in a going book and his left hand hold a crayon to color in a gook and his left hand hold a crayon to color in a good the remainder of this time, edroom with videos playing staff went into his bedroom in him every 2 hours, give him is 6:15pm and received in. Several times during the would begin vocalizing his bedroom and ask him ing about. Staff stated often	w	24	2		
	television.stops.until.  Review on 2/26/19 o behavior scale dated following: in all areas	when his video on the they come in to restart it.  f client #1's adaptive 11/8/17 revealed the to f dining, bathing, dressing, g, budgeting, independent				and an annual section of the section	

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		STRUCTION		TE SURVEY MPLETED
		34G103	B. WNG		***	0	2/26/2019
NAME OF PE	ROMDER OR SUPPLIER	1	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
(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 CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 242	independence and is direct care staff to as toothbrushing he wa cooperate with tooth Review on 2/25/19 or revealed he has diagintellectual Disability Palsy, Severe Osteo Bone Disease. Furth revealed he uses a withat he is non verbal vocalizations to comof the IPP revealed for client #1.  When staff were intercommunicate with asked about activities such as sensory stirprograms they state engage in active tree Interview on 2/25/19 qualified intellectual (QIDP) revealed clie all self care, daily liv communicates with vocalizations. Addit does not currently increas of-communicates.	f self care client #1 has no a completely dependent on selst him. In the area of selst him. In the will brushing.  If client #1's IPP dated 8/9/18 gnoses of: Profound of the celst him and provider. Cerebral selst provises and provided and provided and provided and area of the a		242			
W 247	CFR(s): 483.440(c)	(6)(vi)	V	V 247			
	The individual prog	ram plan must include					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		RTE SURVEY MPLETED
		34G103	B. WING			02/26/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1050 HOGAN STREET FAYETTEVILLE, NC 28301	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 247	opportunities for clier self-management. This STANDARD is Based on observation interviews, the facility clients residing in the provided opportunitie self-management relidining and restriction findings are:  1. Staff failed to provipreparation and dining opportunities for family During observations 2/25/19 at noon, aud audit client #3 took the dining room table fruit to the dining room clients had a built up utensils.  During observations 5:10pm, audit clients #3 took their individual the dining room table pork chops, a bowl we beans and a plate we clients with serving it clients passed food if	not met as evidenced by: ons, record review and or failed to ensure 2 of 3 or home (#2, #4) were or choice and ative to meal preparation, of personal items. The	W 247	All clients ABI's will be complobjectives will be developed assessment. Specifically stat trained on client choice in far dining (though not limited) and dining equipment consistent capabilities. Client #2 IPP an Support Plan will be reinserv revised to include specifics for smoking and the security of it Home Manager will monitor to document bimonthly. QP will and document monthly.	per the  ff will be  nily style  d the use of  with  d Behavior  iced and  or cigarette  tems.  weekly and	4/12/2019
	7:08am, audit clients #3 were seated at the plate of bacon, a plat	of breakfast on 2/26/19 at #2, #4 and non audit client e dining table. There was a te of biscuits. Client #2, #3 stall already served on their				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			:	OMI NO. 0336-039		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		34G103	B. WING			02/	26/2019	
NAME OF P	ROVIDER OR SUPPLIER	I.e.		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
MY PLACI	E			1	050 HOGAN STREET AYETTEVILLE, NC 28301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	(X5) COMPLETION DATE	
		:			DEFICIENCY)			
W 247	247 Continued From page 12 built up sectioned plates. Staff assisted clients with serving bacon and biscuits. Staff had portioned butter and jelly into a bowl for clients to serve on their biscuits.  Interview on 2/26/19 with staff revealed sometimes the client plates are prepared in the kitchen and clients take them to the dining room. Staff indicated sometimes food is portioned into bowls or plates and clients #2, #3 and #4 serve themselves at the table with assistance from staff. When asked about client #2, #3 and #4's family style dining abilities, staff referred the surveyor to the Director.		w	247	,	:		
	11/14/18 indicates sh drinks with minimal a all utensils independe	f client #2's IPP dated he can feed herself, eats and he can feed herself, eats and herself, eats and that she uses hertly during meals. There is tion in the IPP regarding he dining abilities.						
	1	with the director revealed we an adaptive behavior ner dining skills.						
	revealed he can inde	Review on 2/25/19 of client #4's IPP dated 5/6/18 revealed he can independently feed himself, that he eats and drinks with minimal assistance.						
	independent ion the -independently,-pass	f client #4's adaptive od 5/1/18 revealed he is area of dining, uses utensils as and serves with				***************************************	5 Sagara (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	revealed client #2, #	with the residential manager 3 and #4 can pass, serve and and should be encouraged to						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G103	B. WNG		02/26/2019
	NAME OF PROVIDER OR SUPPLIER  MY PLACE		1	STREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET FAYETTEVILLE, NC 28301	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
W 247	2. Staff did not provide and self management clgarette usage and self management clgarette usage and self management clgarette usage and self management client #2 asked to go Direct care staff according gave her a clgarette self linterview on 2/25/19 residential management lighter are kept in the facility locked up. The that client #2 smokes after supper and their interview revealed the locked up for safety in Review on 2/25/19 or program plan (IPP) dis ambulatory, verbal areas. She can feed requires prompts to be can communicate he capable of following self does have needs list inappropriate behavion-compliance, wall she had the following self and self self self self self self self self	uring dining as possible.  de opportunities for choice at in regards to client #2's schedule.  at the facility on 2/25/19 outside with staff to smoke. Impanied client #2 outside, and helped her to light it.  with client #2 and the revealed her cigarettes and a medication closet in the revealed her cigarettes and a medication closet in the revealed manager stated after breakfast, after lunch, in before bedtime. Additional recigarettes and lighter are reasons.  If client #2's individual lated 11/14/18 revealed she and is independent in many herself, dress herself, and boathe herself thoroughly, She r wants and needs and is several step directions. She led to address her lors of physical aggression, king away from the home. In gobjectives listed: her	W 247		
	with assistance and a There is no informati her elgarette schedul kept or why they are	ective, an objective to bathe a bedmaking objective. on listed in her IPP regarding le or where these items are restricted from her.  f client #2's behavior support			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G103	02/26/2019		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1050 HOGAN STREET FAYETTEVILLE, NC 28301	CODE
(X4) FD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		CTION SHOULD BE COMPLETION DATE
W 247	plan (BSP) dated 11/ will increase her soci behavior and decreat behaviors. Her target Non-compliance, atte walking away from gr inappropriate behavior included: verbal redir medications. There v cigarette usage, her these items are kept.  Interview on 2/26/19 the interdisciplinary t #2's choices about h these items would be PROGRAM IMPLEM CFR(s): 483.440(d)(  As soon as the interd formulated a client's each client must rece treatment program c interventions and se and frequency to sup	ally appropriate social se episodes of inappropriate behaviors were listed as: contion seeking behaviors, roup home and sexually best "The strategies rection, use of psychotropic vas no information regarding smoking schedule or where  with the Director confirmed eam did not include client er cigarette usage and where estored in the IPP or BSP.  IENTATION  1)  disciplinary team has individual program plan, eive a continuous active		The facility will revise and goals as identified to incl limited to sensory, comm vocational, daily living an education for #1 and #2. inserviced on implement Home Manager will mon document weekly. QP will and document monthly. W149	lude though not nuniction, and medication All staff will be lation of revisions. White items and the medication of the m
New Yorks and the second	This STANDARD is not met as evidenced by: Based on observations, record reviews and staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment plans for 2 of 3 audit clients (#1, #2), specific to communication, independent living, vocational skills, sensory stimulation, community living, implementation of effective behavioral strategies			meterssman (maiss susminume en man en	

STATEMENT C AND PLAN OF	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION (DENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		34G103	B. WING	A AMMANA	0	02/26/2019		
	NAME OF PROVIDER OR SUPPLIER  MY PLACE			REET ADDRESS, CITY, STATE, ZIP COD 50 HOGAN STREET NYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETION DATE		
W 249	1. During observation observations of his current skills During observation—8:30pm client #1 vithe exception for 2 3:55pm when he was manipulated to coloring book. During book. During he remained in his on his television set to check on him, to his enteral feeding medication at 5:10 observations, clien and staff would go what he was vocal client #1 will vocalitelevision stops un Review on 2/25/19 revealed he has di Intellectual Disabili Palsy, Severe Oste Bone Disease. Fur revealed he uses at that he is non verb vocalizations to co	mentation. The findings are:  tions, client #1 was not reatment to prevent regression  as in the facility from 3:25pm was in his bedroom in bed with 0 minutes from 3:35pm until ras in the dining room for an coloring book and his left hand to hold a crayon to color in a ring the remainder of this time, bedroom with videos playing st. Staff went into his bedroom are him every 2 hours, give him at 6:15pm and received pm. Several times during the #1 would begin vocalizing in his bedroom and ask him fizing about. Staff stated often ze when his video on the til they come in to restart it.  of client #1's IPP dated 8/9/18 agnoses of: Profound ty, Seizure Disorder, Cerebral exporosis and Degenerative ther review of client #1's IPP a wheelchair for mobility and all using facial expressions and mmunicate. Additional review if no active treatment objectives	W 249					
-	behavior scale dat following: in all are	of client #1's adaptive ed 11/8/17 revealed the as of dining, bathing, dressing, ing, budgeting, independent						

STATEMENT C	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		i		ISTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	3 B. WING			02/26/2019	
	NAME OF PROVIDER OR SUPPLIER  MY PLACE				ET ADDRESS, CITY, STATE, ZIP CODE HOGAN STREET ETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	independence and is direct care staff to as toothbrushing he was cooperate with tooth!  Interviews on 2/25/15 facility revealed client feedings several time perform passive rang help maintain his ran extremities. Further i treatment objectives, revealed client #1 re all adult daily living number of the communicate with the about activities that it as sensory stimulating programs they stated engage in active treatments.  Interviews on 2/26/15 qualified intellectual	f self care client #1 has no a completely dependent on sist him. In the area of s rated (1) that he will brushing.  9 with staff on duty at the at #1 receives enteral es daily and that staff ge of motion exercises to ge of motion in his nterviewed no active.  Additional interview quires total assistance with	W	249			
	2. Client #2 was not strategies to promote community.living,vo	involved in active treatment involved in active treatment in independence in cational skills, independent incoment of appropriate social		namen and a series of a series, and		oonaa arriin oo aa	
	a) The team did not	develop active treatment					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '		DISTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G103	B. WING			02/26/2019		
	NAME OF PROVIDER OR SUPPLIER  MY PLACE			105	EET ADDRESS, CITY, STATE, ZIP CODE D HOGAN STREET TETTEVILLE, NG 28301		0212072019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 249	programs to maximiz in the community and During observations 3:25pm-8:30pm clien living room watching dining room table, he the table before mea placesetting. At 8:16 bathroom to gather it During observations 6:15am until 9am clie bathing, dressing, diradministration. The rishe sat on the couch watching television to During observations on 2/26/19 at 6:50an out her pills and was was receiving. Staff her medications or the Interview after the minimum with staff revealed client in the community of the medications she is to the community of the co	the client #2's independence of home living areas.  at the facility from the television, colored at the selped take supper items to litime and cleaned off her pm she went with staff to the tems for her bath.  at the facility on 2/26/19 from the facility on 2/26/19 from the eminder of this observation, and there living room the assisted with punching with staff.  of medication administration in she assisted with punching told the medications she did not explain the purpose of the side effects.  edication pass on 2/26/19 lent #2 is aware of the aking but inconsistently can see of the medications and is	w	249				
garden karti filozofia eta eta kina kina eta eta kina kina eta eta eta eta eta eta eta eta eta et	program plan dated ambulatory,-verbal-a areas. She can feed requires prompts to can communicate he	of client #2's individual 11/14/18 revealed she is and is independent in many herself, dress herself, and bathe herself thoroughly, She ar wants and needs and is several step directions. She			-Notes and a second section is a second of the second section of the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section is a second section in the second section is a section in the second section is a second section in the second section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section is a section in the section in		gga (1900-1904)	

STATEMEN T AND PLAN O	T OF (EFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			02/	26/2019
NAME OF F	ROVDER OR SUPPLIER			1.	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W249	non-compliance, walk She had the following behavior support objewith assistance and a Interview on 2/25/19 with assistance and a Interview on 2/25/19 whad left the facility set supervision. She stated facility to go see her to She stated she eloped by jumping from a secresulted in severe phyhospitalization for seven she is has an opportute facility again. She stated yprogram for a she involved in activities to Interview on 2/26/19 with medication pass revermedications she is tall of most of her medicated did not know the side but stated, "I don't know effects of all of my medication interview on 2/26/19 with the completed for client # vocational interests of community living skills revealed no training harea of vocational skills."	ors of physical aggression, king away from the home. It objectives listed: her ective, an objective to bathe a bedmaking objective.  With client #2 confirmed she overal times without staff and she wanted to leave the poyfriend and her family, and and wants to get a job, and from a previous placement cond story balcony which yeical injuries necessitating veral months. She stated if white, that she will leave the ted she had attended the ort while but wanted to be that were more challenging.  With client #2 following the aled she is aware of the king and knows the purpose attons., She confirmed she effects of her medications ow if I want to know the side edications."  With the administrator and isabilities professional adaptive behavior inventory 2 to assess her skills in independent and seed been identified in the lis, community living, money	w	249			
	management, budgeti administration or hom						

	STATEMENT OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SUF COMPLET	
			34G103	B. WNG			02/	26/2019
	MY PLAC	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
	(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
	W 249	to meet client #2's be eloped from the facili linterview on 2/25/19 client #2 had eloped admission. Staff state facility one evening riand was later located being out of staff supminutes.  Review on 2/25/19 or between December 2 revealed the following.  1) December 20, 201 noticed client #2 not immediately to look fineighborhood and lo neighbors. I brought 6pm and discussed was elopement.  2) January 10, 2019: stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood. Following for the stating client #2 left fidirect care staff and the neighborhood.	revise behavioral strategies shavioral needs after she ty.  with facility staff revealed from the facility since her ed she walked away from the ight after she was admitted if at a neighbors home after ervision for about 30  If several incident reports 2018-February 2019  g:  18 4:41pm: Staff and I in her bedroom. I left or her. I rode around in cated her talking to her back to the facility at why she left. She wants to to it Social Worker to visit her to  Staff called Home Manager acility (no time given). One Manager looked throughout	W	249			
***		to assemble other cli was not at day progr intellectual disabilitie	(No time given). Staff began tents and noticed client #2 am. Called the qualified s professional (QIDP) and the debind office. Client #2					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULT		X2) MULTIPLE CONSTRUCTION			SURVEY
AND PLAN O	CODDECTION IDENTIFICATION NUMBER.			A. BUILDING			LETED
		34G103	B. WING			02/	26/2019
NAME OF P	NAME OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		· · · · · · · · · · · · · · · · · · ·
MY PLAC	E			1	HOGAN STREET ETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	(X5) COMPLETION DATE
			.,,,		DEFICIENCY)	NAL .	
W 249	0	- 00					
VV 249			W	249			
	door.	ar at funeral home next					
	4) February 16, 2019	(no time given) Home					
•		g client #2 left facility by					
	going out window who	en staff were not present					
		look for her. Found about					
	vere on duty at the fa	house at 7:15pm. Two staff acility.					
	Interview on 2/25/40	with 4 direct care staff					
		uires 30 minute checks If					
	she is not in the imme						
	Interview on 2/25/19	with the residential manager					
		bally instructed staff to					
		15 minutes if she was not in					
		uch as the bathroom or her she did this following the					
	four elopements from	the facility. Additional					
	interview revealed sh	e was not aware of any					
	change or revision to	client #2's BSP.					
		with client #2 confirmed she	-				
		veral times without staff					
		ed she wanted to leave the					
		poyfriend and her family. ed and wants to get a job.					
		d from a previous placement					
		cond story balcony which					
	resulted in severe phy	sical injuries necessitating					
		reral months. She stated if					
		nity, that she will leave the					
	, ,						
	Additional interview of administrator revealed						
	consulted the Psycho						
		since the four elopements.					

#### DEPA FIMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/01/2019 FORM APPROVED CENT ERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEME MIOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLANT IF CORRECTION **IDENTIFICATION NUMBER:** A BUILDING 34G103 B. WNG 02/26/2019 NAME OF ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET MYPLAE FAYETTEVILLE, NC 28301 SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W249 Continued From page 21 W 249 The administrator stated there had been no increased supervision for client #2, no environmental modifications to the facility to detect movement by client #2. The administrator stated cameras were being installed in the facility, however they were not operational.