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 04/25/2019

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 completed on April 25, 2019 for intake #NC00150672. Deficiencies were cited.	W 000		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 4 of 4 audit clients (#1,#2,#3, #4) received a continuous active treatment plan consisting of needed interventions and services as identified in the individual program plan (IPP)'s in the areas of positioning guidelines, behavior support programs and integrating strengths during leisure and meal preparation. The findings include: 1. Direct care staff failed to provide documentation of client #2's turning schedule. During review on 4/25/19 of an internal investigation dated 4/10/19 revealed client #2 had sustained a mildly displaced oblique fracture of the distal diaphysis of her left femur on 4/10/19. Further review of this investigation revealed client #2 had been admitted to the local	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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SHERWOOD PARK HOME	126 ROBINHOOD LANE ABERDEEN, NC 28315

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W 249	Continued From page 1	W 249		

hospital and the decision had been made not to surgically repair this fracture but to keep client #2 on bedrest for several weeks with her leg wrapped.

Review on 4/25/19 of an inservice on 4/16/19 on caring for client #2 after her discharge from the local hospital. This inservice was given by the facility Registered Nurse. Further review of the inservice revealed, " [Client #2] has a condition called Osteoporosis which makes her bone very weak and brittle and easy to break. This is why she take an injection every 6 months at the Endocrinologist office at [name of local medical clinic]. She has a splint like cast. We cannot remove it or get it wet. Only the Doctor will be removing the splint. (Client #2) will be on bedrest at all times. Please make sure that you pad her bed so that she does not soil her cast with body waste. Please do not put diapers or adult briefs on her. She can have her regular diet. Please make sure you are checking on her every 30 minute while she is in her room. She can have pain medications needed but get permission from the nurse to give it like you do for all prns. She must be turn and reposition every 2 hours. When you turn her it will take 2 people. She will have a turning clock. That will indicate which side she is to be on. She can help you so the tuner will be the one turning her and the other person will keep leg in right position. We will demonstrate the turning motion with each of you. She will need 5-6 pillows. Please note that the doctor said that if legs does not heal then there could be a need for an AMPUTATION."

Interview on 4/25/19 with client #2 in her bedroom revealed staff come in her room about 2 hours to make certain she is turned. She pointed to a

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 04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD PARK HOME	126 ROBINHOOD LANE ABERDEEN, NC 28315

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W 249	Continued From page 2	W 249		

picture on her wall of a circle with times listed. Client #2 stated 2-3 staff are needed to help turn her to make certain she keeps her leg straight. When asked if staff are documenting this, client #2 stated, " I don't think so." During observations at 10:45am, Client #2 was lying on her back. According to her clock she was to be facing the right.

Interview on 4/25/19 with staff A revealed direct care staff have been instructed to turn client #2 every 2 hours. She pointed to the turning clock on the wall which had numbers inside the circle and outside the circle. Staff #1 indicated staff are to use the numbers on the outside of the circle. Staff #1 stated that all staff were inserviced by the facility nurse how often client #2 is to be turned and how to use the turning clock. When staff A was asked why client #2 was on her back, staff A stated she would be turned within the hour at noon. When asked if this turning record is being documented, staff A stated, "No."

During observations at the facility on 4/25/19 at noon, client #2's bedroom door was shut. At 12:20pm, her bedroom door was open and client #2 was repositioned to her right die propped up in bed preparing for lunch.

Interview on 4/25/19 with staff B revealed client #2 is to be turned every 2 hours and that a turning clock is posted in her bedroom. When asked if direct care staff are to use the numbers on top of the clock or inside the turning clock staff stated she was "Not certain."

Interview on 4/25/19 with the facility licensed practical nurse (LPN) revealed client #2 has a fractured leg and is on bedrest. The LPN stated

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 04/25/2019

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 249	Continued From page 3	W 249		

client #2 must be turned and reposition every 2 hours. She indicated it takes 2-3 people to turn client #2. The LPN stated client #2 has a picture of a turning clock on her bedroom wall. The LPN stated the clock detailed which side client #2 is to be turned on. When the LPN was asked if direct care staff are documenting when client #2 is turned, she stated no.

Interview on 4/25/19 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff have been inserviced by the facility nurse to turn client #2 every 2 hours. When asked if she has monitored this turning clock being implemented for client #2, she stated staff are using the time clock. When asked if staff are documenting when they turn client #2, she stated, "No."

2. Direct care staff did not implement client #4's supervision as detailed in his behavior support program (BSP)

During observations at the facility on 4/25/19 from 10:15am-12pm client #4 spent sitting on the front porch of the facility with the exception of 15 minutes when he walked in the facility , briefly looked at a magazine and went back outside. At no time did staff step outside to check on him.

During observations at the facility on 4/25/19 from 12:30-1:15pm client #4 sat on the front porch outside of the facility. At no time did direct care staff go outside to check on client #4.

Review on 4/25/19 of client #4's IPP dated 7/10/18 revealed he had a history of absence without leave (AWOL) from the facility. Further review of the IPP revealed a BSP dated 7/20/18

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 04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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W 249	Continued From page 4	W 249		

to address the target behaviors of: severe disruption, aggression, property destruction , AWOL and self-injurious behavior.

Further review on 4/25/19 of the BSP dated 7/20/18 revealed client #4 was to be monitored from a distance and staff were to maintain eye contact and assess the environment. if client #4 began talking about leaving the facility or if he became agitated.

Interview on 4/25/19 with staff #A revealed client #4 had a history of AWOL from the facility in the past, however he had not eloped from the facility in several years. She stated they monitor his whereabouts frequently during the day.

Interview on 4/25/19 with the behavior analyst and the qualified intellectual disabilities professional (QIDP) revealed client #4 does have a history of AWOL Further interview confirmed AWOL is a target behavior listed in his BSP. Additional interview confirmed their expectation was that direct care staff visually monitor client #4 every 15-20 minutes when he is out of their visual eyesight.

3. Staff failed to provide leisure or home living activities for clients #1, #2 and #3.

During observations at the facility on 4/25/19 from 10:15am-12:00pm client#1 sat in the entry way of the facility in a chair wearing pants that were inside out. Client #4 sat on the porch outside of the facility. Client #3 sat in another chair in the entryway of the facility. Client #3 walked with a cane to the activity room briefly but when no leisure activity was offered , he walked back to the entry way. At 12:15pm staff #3 asked him to

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 04/25/2019

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 249	Continued From page 5	W 249		

come to the dining room and help set the dining room tables with plates, silverware and cups. Client #3 put his plate down but then refused to put any other plates, cups or silverware on the tables. Staff #C then set all of the plates, cups, silverware for all clients in the dining room on the tables. No other leisure or home living activities were offered to clients #1, #2 and #3 between 10:15am-12pm.

a) Review on 4/25/19 of client #1's IPP dated 6/26/18 revealed she has objectives to use an electric toothbrush with 85% accuracy for 3 consecutive months, identify a quarter with 75% accuracy for 3 consecutive months and clean windows in the corridor of group home with 75% accuracy for 3 consecutive months.

b) Review on 4/25/19 of client #2's IPP dated 9/21/18 revealed she has objectives to brush her teeth with electric toothbrush with 80% accuracy, will identify coin combinations with 80% accuracy with 2 consecutive months and her behavior support program to decrease challenging behaviors to 1 or fewer for 11 consecutive months. Review on 4/25/19 reveled she was discharged from the hospital on 4/18/19. A core meeting was held on 4/16/19 mandating she was on bedrest for a fractured leg. The team decided to continue the above objectives while client #2 was on bedrest.

Review on 4/25/19 of client #2's data book revealed there has been no data recorded on the objectives to brush her teeth or identify coin combinations since 4/18/19.

c) Review on 4/25/19 of client #3's IPP dated 6/20/18 revealed the following objectives: Will

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	34G030	A. BUILDING _____ B. WING _____	C 04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD PARK HOME	126 ROBINHOOD LANE ABERDEEN, NC 28315

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W 249	Continued From page 6 brush his teeth with 90% verbal prompts for 3 consecutive months, Will clean the toilet with 80% accuracy for 3 consecutive months and identify coin combinations with 70% accuracy for 3 consecutive months. d) Review on 4/25/19 of client #4's IPP dated 7/10/18 revealed the following objectives: Will fold clothing with 90% accuracy, will select appropriate clothing with 90% accuracy, will clean toilet with 80% verbal prompts for 3 consecutive months and identify coin combinations with 85% accuracy for 2 consecutive months. Interview on 4/25/19 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff are responsible for implementing objectives daily and providing integrative leisure activities to clients. Further interview confirmed client #2's objectives are current and should be trained when she is on bedrest.	W 249		
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 interview, the team failed to ensure data for objectives listed on the individual program plans (IPPs) was collected as prescribed for 1 of 4 sampled clients (#2). The findings are:	W 252		

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 04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERWOOD PARK HOME	126 ROBINHOOD LANE ABERDEEN, NC 28315

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W 252	Continued From page 7 Staff failed to collect data as prescribed in client #2's IPP. Review on 4/25/19 of client #2's IPP dated 9/21/18 revealed she has objectives to brush her teeth with electric toothbrush with 80% accuracy, will identify coin combinations with 80% accuracy with 2 consecutive months and her behavior support program to decrease challenging behaviors to 1 or fewer for 11 consecutive months. Review on 4/25/19 reveled she was discharged from the hospital on 4/18/19. A core meeting was held on 4/16/19 mandating she was on bedrest for a fractured leg. The team decided to continue the above objectives while client #2 was on bedrest. Review on 4/25/19 of client #2's data book for her current objectives revealed no data has been taken since 4/18/19 when she returned from the hospital on her objectives to brush her teeth or recognize coin combinations. Interview on 4/25/19 with the qualified intellectual disabilities professional (QIDP) revealed client #2's objectives are current and should be trained while she is on bedrest.	W 252		