

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

PRINTED: 09/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2019
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752	
(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 209	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(2)</p> <p>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure parent/legal guardian participation in the individual program plans (IPPs) as required for 5 of 5 clients residing in the group home (#1, #2, #3, #4 and #5). The finding is:</p> <p>Review of the IPPs for client #1 dated 3/11/19; for client #2 dated 8/20/19; for client #3 dated 5/29/19; for client #4 dated 2/6/19 and for client #5 dated 3/6/19 revealed none of the parents/guardians were in attendance at the IPP meetings. Further review of the records for clients #1, #2, #3, #4 and #5 revealed no documentation related to reasons for parents/guardians not attending the IPPs or documentation indicating attempts to accommodate the needs of parents/guardians to enable them to attend the IPP meetings.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP), conducted on 9/11/19, verified none of the most recent IPP meetings conducted for any of the clients residing in the group home had been attended by the parent/guardians of the clients. This interview further verified no documentation was available related to attempts by the QIDP to offer accommodations to parents/guardians of the clients to support their attendance at the IPP meetings.</p>	W 209		

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>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 record review and interview, the facility failed to assure data relative to the accomplishment of the criteria specified in the individual program plan (IPP) for 1 of 3 sampled clients (#5) for an expressive communication objective was documented in measurable terms. The finding is:</p> <p>Review of the record for client #5, conducted on 9/11/19, revealed an IPP dated 3/26/19 which included an expressive communication program objective with an implementation date of 3/20/19 stating when provided with a model and verbal cue, client #5 would select the photo of the preferred snack and drink and place them on the table, touching them when prompted with a model with 80% accuracy for 3 consecutive reviews. Further review of the documentation for this objective revealed client #5 completed this objective with 23% accuracy during 5/19 and 23% accuracy during 6/19. No data was recorded for the month of 7/19 or 8/19. Further review of the current documentation for this training objective revealed only 1 entry for the month of 9/19 which was entered on 9/10/19. Review of the SLP service note for this objective dated 9/8/19 revealed documentation stating there was no documentation of training sessions for the July or August progress period.</p>	W 252			

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W 252	Continued From page 2 Interview conducted with the qualified intellectual disabilities professional, conducted on 9/11/19, revealed data should be collected daily at each opportunity during afternoon snack. This interview further verified data had not been collected as prescribed for this training objective.	W 252		