PRINTED: 12/31/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G103	B. WING _		12/20	0/2019
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	12/20	372010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS	3	W 00	00		
W 122	on 12/20/19 for comp The complaint was n Condition of Participa was determined to be CLIENT PROTECTION CFR(s): 483.420	DNS ure that specific client	W 1:	22		
W 125	The facility failed to: and procedures that (W149), ensure that were reported to the (W153) and ensure twere thoroughly inverse thoroughly mandated to its clients. PROTECTION OF CCFR(s): 483.420(a)(3) The facility must ensor the facility individual clients to e of the facility, and as including the right to to due process. This STANDARD is	t of these systemic practices 's failure to provide services of client protections LIENTS RIGHTS	W 1:	25		
ABORATORY	failed to ensure guar	dianship was secured for 1 SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X	6) 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G103	B. WING _			12/5	20/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, C 1050 HOGAN STREE FAYETTEVILLE, N		1 1211	20/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	(EACH (VIDER'S PLAN OF CORRECTIC CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 125	Continued From pag	ge 1 client. The finding is:	W	25			
	The facility did not a Guardian of the Per	assist client #2 in obtaining a son.					
	support program (Bine was prescribed Stromponent of his be (BSP) for the target vocal agitation and support to the program for this program plan (IPP) #2 was admitted on confirmed client #2 but that a family me	of client #2's behavior SP) dated 11/15/19 revealed Geroquel and Quetiapine as a shavior support program behaviors of aggression, self-injury. Review of his vealed he signed the written gram. of client #2's individual dated 11/13/19 revealed client 10/16/19. Further review was his own legal guardian mber had indicated they uardianship for him.					
	dated 10/26/19 usin Intelligence Scale-F indicated client #2 ft Range of Intellectua intelligence quotient Interview on 12/20/1 member indicated the filing a petition for gr	of a Psychological evaluation g the Wechsler Adult ourth Edition (WAIS-IV) unctioned in the Moderate I Disabilities with a full scale (IQ) of 44. 9 by phone with a family ney had intended to pursue uardianship since client #2's er 2019, however this had not					
	pursuing guardiansh client #2 and family on 11/13/19, as ther	9 with the Director revealed hip had been discussed with members at his IPP meeting e was concern by his that client #2 needed					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		C 12/20/2019
NAME OF PE	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	,
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION
W 125	Continued From pag assistance in making medical and financia guardianship petition STAFF TREATMENT	decisions of a legal, I nature, however a had not been filed.	W 12:		
	policies and procedu mistreatment, negled This STANDARD is Based on record rev neglected to promptl medical needs of 1 co	elop and implement written res that prohibit of or abuse of the client. not met as evidenced by: view and interview the facility y address the behavioral and if 5 sampled clients (#2).			
	The findings include: Direct care staff failed to address the behavioral and medical needs of client #2 when his behaviors escalated on 12/6/19. Review on 12/20/19 of a direct care note dated 12/6/19 on second shift and interview with the Director revealed client #2 became upset in his bedroom, threw his body on the floor telling staff, "Don't touch me! Stay away from me!" Direct care staff #C and staff E were working. According to the Director, staff C and staff E left around 11pm. Staff A and staff B worked third shift in the facility (11pm-8am). Further review of the note indicated client #2 refused to get in bed and sat in the doorway to his bedroom blocking the bedroom door. After some time, client #2 refused to get up and then urinated on himself on the floor. When staff A prompted him to get up, he told staff A to hold his groin because staff A was his maid. Client #2 told direct care staff A and B				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			C	
NAME OF PI	ROVIDER OR SUPPLIER	0.40.00		STREET ADDRESS, CITY, STATE, ZIP CO 1050 HOGAN STREET FAYETTEVILLE, NC 28301		2/20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE CROSS-REF	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 149	bathroom. He went then again threw hir side on his arm. Interview on 12/20/she was working wi 12/6/19 from 11pm-sitting in the floor of departing 2nd shift explained client #2 all evening not wanhad a tantrum sitting and telling staff not back to his bedroom she came into work floor of his bedroom asked client #2 to gexplained she obse between 11pm-4am went to the bathroom bedroom) and then on the floor. Staff A (not certain of the ticlient #2 was having staff #1 to monitor he behavior escalated. checking on client # in bed and making of interview revealed to thours client #2 refuse the floor, stood up, thimself repeatedly of interview revealed so 7:55am and he called her client #2 had not throw himself on the complained he coul	n up and take him to the back to his bedroom and mself on the floor lying on his and the direct care staff A revealed the direct care staff B on the staff C and staff E. Staff C that been very non-compliant the staff C and staff E. Staff C that been very non-compliant the staff C and staff E. Staff C that been very non-compliant the staff C and staff E. Staff C that been very non-compliant the staff C that a bath and then the staff C that a bath and then the staff C that a between the staff C that a back and threw himself that a called the home manager that a staff B took turns t	W 1	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		C 12/20/2019		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		2/20/2019	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 149	communication log. revealed she did not intellectual disabilitie Direct care staff A stabehavior support pla Interview on 12/20/1 12/7/19 when he arrihe was told by direct #2 had been very no shift, throwing his bot o get up. Further in walked back to clienthim to go away and staff D stated he was #2 stated he did not remained on the floo interview revealed st manager before 9am not get up from the fl Subsequent interview manager told him to stand up and go into would come over to When asked if client staff D stated client pain but stated sever up. Staff D stated th home manager arrive contacted the QIDP/Interview on 12/20/1 client #2 became up to take a bath. Client C he was not going t screaming and went	writing a note in the staff Subsequent interview contact the qualified s professional (QIDP)/Nurse. ated she was not aware of a n (BSP) for client #2. 9 with staff D revealed on ved for work about 7:55am care staff A and B that client n-compliant all night on third dy on the floor and refusing terview revealed staff D t #2's room and client #2 told not to touch him. Direct care s very concerned when client want to eat breakfast and r of his bedroom. Further aff D contacted the house n to explain client #2 to would loor of his bedroom. w revealed the home attempt to get client #2 to the living area and that she the home and check on him. #2 was complaining of pain, #2 did not complain of any ral times that he could not get at later in the morning the ed (not certain of time) and Nurse. 9 with client #3 revealed set when staff C asked him t #3 stated client #2 told staff to take a bath and he started into his bedroom and sat on	W 14	9			
	would come over to a When asked if client staff D stated client a pain but stated sever up. Staff D stated the home manager arrive contacted the QIDP/ Interview on 12/20/1 client #2 became up to take a bath. Client C he was not going to screaming and went the floor. Client #3 states.	the home and check on him. #2 was complaining of pain, #2 did not complain of any ral times that he could not get at later in the morning the ed (not certain of time) and Nurse. 9 with client #3 revealed set when staff C asked him t #3 stated client #2 told staff to take a bath and he started					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUC	TION	(X3) DATE SURVEY COMPLETED		
		34G103	B. WING _	B. WING		C 12/20/2019	
NAME OF PE	ROVIDER OR SUPPLIER			1050 HOGAN	RESS, CITY, STATE, ZIP CODE STREET LLE, NC 28301	121	20/2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD OSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	floor. Client #3 stated prompt client #2 to ge she (client #3) finally interview revealed lat manager and the QID she did not know what facility. Interview on 12/20/19 client #2 became upst to get a bath. She stated to take a bath. She stated stated at the floor of open. She stated who client #2's bedroom, It to hit at staff. She stated later the next rearrived. She said clies interview on 12/20/19 revealed "he fell down asked where he was "yes." Interview on 12/20/19 revealed she was coron second shift that conn-compliant. She that and call her if his beh stated she was not capain early in the most staff D called her who sam on 12/7/19 and the very non-compliant and floor of of his bedroor staff D to try to get clies.	staff A and staff B tried to st up from the floor and that went to sleep. Additional er in the morning, the home of P/Nurse arrived. She stated at time they arrived at the stated let when staff C asked him ated client #2 does not like tated he took his clothes off if his bedroom with the door en staff A or staff B went into the began to scream and try ated staff A and staff B hat she went to sleep. She morning the home manager ent #2 went to the hospital. With client #2 in the hospital in and got hurt. When when he fell, he stated With the home manager of stated on 12/6/19 sometime lient #2 was being very old staff A to monitor him aviors escalated. She entain if staff A called her ming on 12/7/19. She stated on he arrived at work around old her client #2 was being and refusing to get off the m. The Home manager told ent #2 to get up and go into	W	49			
	the living room. The she was coming to th	home manager told staff D e facility later in the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		C 12/20/2019	
	NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	12/20/2013	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
W 149	at the facility around I contacted the QIDP/N left arm appeared sw Nurse advised her to hospital. Continued i staff C transported cli certain of the time). Review on 12/20/19 or program plan (IPP) do was admitted on 10/1 moderate intellectual and Pre-Diabetes. For evealed client #2 ing Seroquel to help addinjury, aggression, and Review on 12/20/19 of support program (BS) includes the use of Questionated the target behaviors of and vocal agitation reclient. Further review for choices and decist possible: Before a proclear opportunities raparticipation whenever often as possible everoutings, restaurants." Continued review on revealed for non-cominstruction. Subsequence additional promptions with the peat the instruction one additional promptions.	erview revealed she arrived unch time and that she Jurse. She stated client #2's ollen and bruised and the transport client #2 to the Interview revealed she and ent #2 to the hospital (not of client #2's individual ated 11/13/19 revealed he 6/19 and has diagnoses of disability, Gout, Acid reflux urther review of the IPP ests Quetiapine and ress target behaviors of self d vocal agitation. If client #2's behavior P) dated 11/15/19 which uetiapine and Seroquel for of self injury, aggression, wealed staff are to redirect of the BSP revealed, "Allow ion-making whenever oblem develops provide ther than required er possible. Give choices as with choices such as 12/20/9 of client #2's BSP pliance staff give him ent review revealed if he in (1) minute, staff will If he does not comply after t, staff may remind him of arn if compliant. For the	W 14!	9		

NAME OF PROVIDER OR SUPPLIER MY PLACE SIMMANY STREEMENT OF SEPOSEMOSES PRESTOX RECHARD REVENUE WISTER TEMESTOR SEPOSEMOSES SUMMANY STREEMENT OF SEPOSEMOSES PRESTOX RECHARD REVENUE WISTER TEMESTOR SEPOSEMOSES W 149 Continued From page 7 immediately try to redirect him at least three times. If he does not stop, continue with the activity. If he does not stop staff may intervene by using approved restraint to keep him from injury. Interview on 12/20/19 with the Director revealed the QIDP/Nurse was not contacted until the morning of 12/7/19 and QIDP/Nurse arrived at facility about functhine to assess client #2. She stated the QIDP/Nurse should have been contacted she stated the evening of 12/20/19. She for thirther stated, "Right away." When asked if not following client #2 to the hospital. When asked how quickly the QIDP/Nurse should have been contacted she stated the evening of 12/20/19. She for direct care staff to contact the QIDP/Nurse or Director immediately if clients have escalating behaviors that are not addressed by their BSP or have injuries that require immediately for direct care staff to contact the QIDP/Nurse or Director immediately if clients have escalating behaviors that are not addressed by their BSP or have injuries that require immediately and interview revealed client #2 was being treated for a broken hip and a broken arm in the hospital. In that staff did not obtain medical treatment. Additional interview revealed client #2 was being treated for a broken hip and a broken arm in the hospital, in that staff did not obtain medical treatment for client #2 to assess him for pain and injury, their neglect subsequently resulted in client #2 to assess him for pain and injury, their neglect subsequently resulted in client #2 to assess him for pain and injury, their neglect subsequently resulted in client #2 to assess him for pain and injury, their neglect subsequently resulted in client #2 to assess him for pain and injury their neglect subsequently resulted in client #2 to assess him for pa	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MY PLACE SITMAMY STATEMENT OF DEPICIENCIES DEATH OF CORRECTION	34G103		B WING				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 149 Continued From page 7 Immediately try to redirect him at least three times. If he does not stop, continue with the activity. If he does not stop, continue with the activity. If he does not stop staff may intervene by using approved restraint to keep him from injury. Interview on 12/20/19 with the Director revealed the QIDP/Nurse was not contacted until the morning of 12/7/19 and QIDP/Nurse arrived at facility about functionitie to assess client #2. She stated the QIDP/Nurse same the decision to send client #2 to the hospital. When asked how quickly the QIDP/Nurse should have been contacted she stated the evening of 12/6/19. She further stated, "Right away." When asked if not following client #2s BSP and not contacting the QIDP/Nurse on 12/6/19 constituted neglect, she stated, "I had considered that." She confirmed however her investigation of this incident did not substantiate neglect by the staff. Further interview with the Director confirmed facility policy is for direct care staff to contact the QIDP/Nurse or Director immediately if clients have escalating behaviors that are not addressed by their BSP or have injuries that require immediate medical treatment. Additional interview revealed client #2 was being treated for a broken jam and broken arm in the hospital. In that staff did not bothan medical treatment for client #2 to assess him for pain and injury, their neglect subsequently resulted in client #25 delayed medical treatment for client #20 sassess him for pain and injury, their neglect subsequently resulted in client #25 delayed medical treatment. W 153 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)			0.0.00		1050 HOGAN STREET	12/20/2019	
immediately try to redirect him at least three times. If he does not stop, continue with the activity. If he does not stop, continue with the activity. If he does not stop staff may intervene by using approved restraint to keep him from injury. Interview on 12/20/19 with the Director revealed the QIDP/Nurse was not contacted until the morning of 12/7/19 and QIDP/Nurse arrived at facility about funchtime to assess client #2. She stated the QIDP/Nurse mach the decision to send client #2 to the hospital. When asked how quickly the QIDP/Nurse should have been contacted she stated the evening of 12/6/19. She further stated, "Right away." When asked if not following client #2's BSP and not contacting the QIDP/Nurse on 12/6/19 constituted neglect, she stated, "I had considered that." She confirmed however her investigation of this incident did not substantiate neglect by the staff. Further interview with the Director confirmed facility policy is for direct care staff to contact the QIDP/Nurse or Director immediately if clients have escalating behaviors that are not addressed by their BSP or have injuries that require immediate medical treatment. Additional interview revealed client #2 was being treated for a broken hip and a broken arm in the hospital. In that staff did not immediately contact the facility nurse/QIDP for further instructions how to intervene with client #2's inappropriate behavior and staff did not obtain medical treatment for client #2 to assess him for pain and injury, their neglect subsequently resulted in client #2's delayed medical treatment. W 153 CFR(s): 483.420(d)(2)	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E COMPLETION	
#2's delayed medical treatment. W 153 STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2) W 153	W 149	immediately try to red times. If he does not activity. If he does not by using approved resinjury. Interview on 12/20/19 the QIDP/Nurse was a morning of 12/7/19 ar facility about lunchtim stated the QIDP/Nurse client #2 to the hospitathe QIDP/Nurse shou stated the evening of "Right away." When a #2's BSP and not con 12/6/19 constituted not considered that." She investigation of this in neglect by the staff. F Director confirmed facts staff to contact the QI immediately if clients that are not addressed injuries that require in Additional interview retreated for a broken h hospital. In that staff the facility nurse/QIDF to intervene with clien behavior and staff did treatment for client #2	irect him at least three stop, continue with the at stop staff may intervene straint to keep him from with the Director revealed not contacted until the ad QIDP/Nurse arrived at e to assess client #2. She e made the decision to send al. When asked how quickly ad have been contacted she 12/6/19. She further stated, asked if not following client tacting the QIDP/Nurse on eglect, she stated, "I had e confirmed however her cident did not substantiate urther interview with the cility policy is for direct care DP/Nurse or Director have escalating behaviors d by their BSP or have mediate medical treatment. Evealed client #2 was being ip and a broken arm in the did not immediately contact of for further instructions how the #2's inappropriate not obtain medical to assess him for pain and	W 14	9		
	W 153	#2's delayed medical STAFF TREATMENT CFR(s): 483.420(d)(2	treatment. OF CLIENTS)	W 15	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	, ,	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING _			C 12/20/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 153	injuries of unknown immediately to the a	oct or abuse, as well as source, are reported administrator or to other ce with State law through	W 1	53			
	Based on review of and interviews, dire allegations of negle administrator or to d	s not met as evidenced by: f investigations, client records ct care staff failed to report ct immediately to the other officials as required by d 1 of 5 sampled clients (#2) e findings are:					
	neglect to the admir injured during a beh Review on 12/20/19 12/6/19 on second so Director revealed cl	ed to report allegations of nistrator after client #2 was avioral incident on 12/6/19. of a direct care note dated shift an interview with the ient #2 became upset in his body on the floor telling staff,					
	"Don't touch me! St. care staff #C and st According to the Dir around 11pm. Staff shift in the facility (1 the note indicated c and sat in the doorv the bedroom door. refused to get up ar the floor. When staft he told staff A to hol was his maid. Clier that he couldn't wall were able to get hin bathroom. He went	ay away from me!" Direct					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION 3	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING		C 12/2	0/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	, .=.=	<u></u>
	I			PATETIEVILLE, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	Continued From pages side on his arm. Interview on 12/20/19 she was working with 12/6/19 from 11pm-8a sitting in the floor of his departing 2nd shift state explained client #2 has all evening not wantinhad a tantrum sitting and telling staff not to back to his bedroom to she came into work a floor of his bedroom. asked client #2 to get explained she observed between 11pm-4am awent to the bathroom bedroom) and then can on the floor. Staff A continued from the floor of the time client #2 was having a manager told staff #A back if his behavior entook turns checking of him to get in bed and okay. Further intervise early morning hours of	e 9 with direct staff A revealed	W 15	DEFICIENCY)	RATE	DATE
	Subsequent interview work around 7:55am amanager to tell her clinight, continued to the client #2 complained stated she was conce	•				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	' '	(X3) DATE SURVEY COMPLETED	
	AL BOILDING		·	,	c		
		34G103	B. WING		1	20/2019	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		20/2010	
				1050 HOGAN STREET			
MY PLACE				FAYETTEVILLE, NC 28301			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE	
W 153	Continued From page	: 10	W 15	33			
		professional (QIDP)/Nurse.					
		ted she was not aware of a					
	behavior support plan	(BSP) for client #2.					
	Interview on 12/20/19	with the Director revealed					
	the QIDP/Nurse was	not contacted until the					
	_	nd QIDP/Nurse arrived at					
	_	e to assess client #2. She					
		e made the decision to send					
		al. When asked how quickly ld have been contacted she					
		12/6/19. She further stated,					
	•	asked if not following client					
		tacting the QIDP/Nurse on					
		eglect, she stated, "I had					
	considered that." She	confirmed however her					
	_	cident did not substantiate					
		urther interview with the					
		cility policy is for direct care					
	staff to contact the QI						
		have escalating behaviors					
		d by their BSP or have nmediate medical treatment.					
		evealed client #2 was being					
		ip and a broken arm in the					
		did not immediately contact					
		of for further instructions how					
	to intervene with clien	t #2's inappropriate					
	behavior and staff did						
		to assess him for pain and					
		bsequently resulted in client					
14/ 45 -	#2's delayed medical						
W 154			W 15	04			
	CFR(s): 483.420(d)(3)					
	The facility must have	evidence that all alleged					
	violations are thoroug						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		34G103	34G103 B. WING		C 12/20/2019		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		2/20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 154	Based on review of the facility failed to devidence to thorough injury involving 1 of 5 findings include: Management staff fa an unknown injury to Review on 12/20/19 12/6/19 on second s Director revealed cliebedroom, threw his bedroom, threw his bedroom to the Director staff #C and staff around 11pm. Staff shift in the facility (11)	not met as evidenced by: facility records and interview, onsider all sources of ally investigate an unknown is sampled clients (#2). The illed to thoroughly investigate o client #2 on 12/6/19. of a direct care note dated hift and interview with the ent #2 became upset in his body on the floor telling staff, y away from me!" Direct	W 15				
	the bedroom door. A refused to get up and the floor. When staff he told staff A to hold was his maid. Client couldn't walk. Direct to get him up and take went back to his bed himself on the floor ly Review on 12/20/19 of this incident revea 12/10/19 and a state was no statement froshift with staff A on the was no statement froshift with staff A on the staff and th	After some time, client #2 d then urinated on himself on f A prompted him to get up, d his groin because staff A t #2 told direct care staff A he c care staff A and B were able to him to the bathroom. He room and then again threw lying on his side on his arm. of the facility's investigation led an IRIS report dated ment from staff A. There om staff B who worked third hird shift on 12/6/19. There om staff C who worked /19 and accompanied client					

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
	34G103	B. WING		C 12/20/2019
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	,
PREFIX (EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUTH ACTION SHOUTH APP DEFICIENCY)	OULD BE COMPLETION
statements from sta 12/7/19 and observe out of bed and not w 12/7/19. Staff D wa when client #2 left for there were no stater clients #3 and #4. The home manager of care staff on 12/6/19 statement from clients when the only staff statement interview confirmed such as statements manager, QIDP/Nur were not considered incident. W 193 STAFF TRAINING FOUR CFR(s): 483.430(e)(e) Staff must be able to techniques necessare to manage the inapport of	in 12/7/19. There were no ff D who worked first shift on ed client #2 not wanting to get vanting to eat breakfast on is still working in the facility or the hospital. In addition, ments from two interviewable there was no statement from who was contacted by direct in addition, there was no statement from who was contacted by direct in addition, there was no staff A. Further other sources of evidence from client #2, the home is and other staff and clients in her investigation of this propriate behavior of clients. PROGRAM The contact was a staff and clients in her investigation of this propriate behavior of clients. The contact was evidenced by: The contact was a staff were and interview, staff were and by management to a sampled clients' (#2)	W 15		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			C 2/20/2019
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP COD 1050 HOGAN STREET FAYETTEVILLE, NC 28301		2/20/2019
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
W 193	bedroom, threw his be "Don't touch me! Sta care staff #C and sta According to the Dire around 11pm. Staff shift in the facility (11 the note indicated cli and sat in the doorwathe bedroom door. A refused to get up and the floor. When staff he told staff A to hold was his maid. Client couldn't walk. Direct to get him up and tak went back to his bed himself on the floor by Interview on 12/20/19 she was working with 12/6/19 from 11pm-8 sitting in the floor of 12 departing 2nd shift staff E. Staff C explain non-compliant all ever bath and then had a his bedroom and telli Staff A went back to client #2 when she could sitting on the floor of left, staff A asked client fused. Staff A explain several times between up, got in bed or were the hallway from his back and threw hims called the home man	ent #2 became upset in his body on the floor telling staff, by away from me!" Direct ff E were working. Sector, staff C and staff E left A and staff B worked third pm-8am). Further review of ent #2 refused to get in bed ay to his bedroom blocking after some time, client #2 If then urinated on himself on A prompted him to get up, his groin because staff A he care staff A and B were able to him to the bathroom. He room and then again threw wing on his side on his arm. By with direct staff A revealed an direct care staff B on am. She observed client #2 his bedroom. She spoke with	W 19	3		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			C 1 2/20/2019	
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP COD 1050 HOGAN STREET FAYETTEVILLE, NC 28301		2/20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 193	him and call her back Staff A and staff B to #2 trying to convince making certain he warevealed throughout client #2 refused to gloor, stood up, got in himself repeatedly or interview revealed st 7:55am and he called her client #2 had not throw himself on the complained he could she was concerned a about 8:30am after v communication log. revealed she did not intellectual disabilitie Direct care staff A stabehavior support pla Interview on 12/20/11 12/7/19 when he arri he was told by direct #2 had been very no shift, throwing his bo to get up. Further in walked back to client him to go away and is stated he was very c stated he did not war remained on the floor interview revealed st manager before 9am not get up from the fl Subsequent interview manager told him to	she told staff #1 to monitor (if his behavior escalated. ok turns checking on client him to get in bed and as okay. Further interview the early morning hours let up. Client #2 sat on the ato bed and then threw hot the floor. Subsequent laff D came into work around d the home manager to tell slept all night, continued to floor and client #2 not get up. Staff A stated about client #2 and left work writing a note in the staff Subsequent interview contact the qualified s professional (QIDP)/Nurse. lated she was not aware of a in (BSP) for client #2. With staff D revealed on led you the floor and refusing lerview revealed staff D leveraled staff S leverale	W 19	93			

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G103	B. WING		C 12/20/2019
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	12/20/2013
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
W 193	When asked if client a staff D stated client apain but stated severance. Staff D stated that home manager arrive contacted the QIDP/N Review on 12/20/19 of 11/15/19 which include and Seroquel for the injury, aggression, an staff are to redirect cl BSP revealed, "Allow decision-making whe problem develops prorather than required appossible. Give choice with choices such as Continued review on revealed for non-comminstruction. Subseque does not comply with repeat the instruction one additional promping reinforcers he may eat arget behavior of self immediately try to rectimes. If he does not activity. If he does not activity approved reinjury.	the home and check on him. #2 was complaining of pain, 2 did not complain of any all times that he could not get at later in the morning the ad (not certain of time) and allurse. of client #2's BSP dated les the use of Quetiapine target behaviors of self ad vocal agitation revealed tient. Further review of the for choices and never possible: Before a ovide clear opportunities ovarticipation whenever as as often as possible eve outings, restaurants." 12/20/9 of client #2's BSP pliance staff give him ant review revealed if he in (1) minute, staff will If he does not comply after t, staff may remind him of arn if compliant. For the	W 19	3	

NAME OF PROVIDER OR SUPPLIER WY PLACE SILMMARY STATEMENT OF DEPICIONISS TAG SILMMARY STATEMENT OF DEPICIONISS (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I.SC IDENTIFYING INFORMATION) WY 193 Continued From page 16 house meeting but there was no documentation of this meeting.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER MY PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 193 Continued From page 16 house meeting but there was no documentation STREET ADDRESS, CITY, STATE, ZIP CODE (EACH OPERSON STREET (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 193 house meeting but there was no documentation			34G103	B. WING			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 193 Continued From page 16 house meeting but there was no documentation	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET		
house meeting but there was no documentation	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETION	
	W 193	house meeting but th		W 19			