

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G011</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/14/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOST CHILDREN'S CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5300 HIGHWAY 200 CONCORD, NC 28025</b>		
(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 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure privacy during care of 1 sampled client (#6). The finding is:</p> <p>Client #6 was not afforded privacy during care of personal needs.</p> <p>Observations in the group home on 1/14/20 at 7:40 am revealed staff member F and client #6 in her bedroom with the door open. Further observation revealed staff member F obtain an incontinent brief from the bureau and walk over to client #6 and change her. Record review on 1/14/20 of client #6's plan of care dated 2/16/19 revealed she is nonverbal and nonambulatory and relies on staff to provide privacy.</p> <p>Immediate interview on 1/14/20 with staff member F revealed she was changing client #6's diaper but made no move to close the door. Interview on 1/14/20 with the home manager and qualified individual disabilities professional (QIDP) revealed staff member F should have closed client #6's bedroom door prior to changing her diaper. Further interview with the home manager revealed all staff should provide privacy during personal care for all clients.</p>	W 130			

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.