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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	N	(X3) DATE SURVEY COMPLETED	
		34G103	B. WING			C	•
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRES 1050 HOGAN ST FAYETTEVILLI		12/20/2019	3
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD B S-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COMPLE DATE	ETION
W 000	INITIAL COMMENTS		W	000			
W 122	on 12/20/19 for comp The complaint was no	tion in Client Protections out of compliance. NS re that specific client	W 1	22	RECEIVED JAN 2 1 2020		
W 125	The facility failed to: in and procedures that procedures that procedures that all were reported to the ac (W153) and ensure that were thoroughly invest. The cumulative effect of resulted in the facility's statutorily mandated set to its clients. PROTECTION OF CLICER(s): 483.420(a)(3)	of these systemic practices failure to provide ervices of client protections	· W 12		SR-MH Licensure Sect		
i t	Therefore, the facility medividual clients to exect the facility, and as cincluding the right to file to due process. This STANDARD is no Based on record revievalled to ensure guardia	e the rights of all clients. nust allow and encourage rcise their rights as clients tizens of the United States, e complaints, and the right t met as evidenced by: w and interview, the facility anship was secured for 1					

Any deficiency statement ending with an asterist (*) 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:	0	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		34G103	B. WNG			С
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	1 12	/20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E VTE	(X5) COMPLETION DATE
	Review on 12/20/19 of support program (BSP) he was prescribed Ser component of his beha (BSP) for the target be vocal agitation and sell behavior consent revea consent for this program Review on 12/20/19 of program plan (IPP) dat #2 was admitted on 10/confirmed client #2 was but that a family member would be pursuing guar Review on 12/20/19 of dated 10/26/19 using the Intelligence Scale-Four Indicated client #2 function Range of Intellectual Dintelligence quotient (ICI interview on 12/20/19 benember indicated they illing a petition for guard placement in October 20 peen done.	sist client #2 in obtaining a n. I client #2's behavior) dated 11/15/19 revealed oquel and Quetiapine as a avior support program haviors of aggression, f-injury. Review of his aled he signed the written m. client #2's individual ed 11/13/19 revealed client /16/19. Further review is his own legal guardian er had indicated they redianship for him. a Psychological evaluation he Wechsler Adult the Edition (WAIS-IV) tioned in the Moderate sabilities with a full scale 2) of 44. by phone with a family had intended to pursue dianship since client #2's o19, however this had not with the Director revealed had been discussed with inbers at his IPP meeting as concern by his	W 125			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY
		34G103	B. WNG				С
NAME OF	PROVIDER OR SUPPLIER	040100	1		REET ADDRESS, CITY, STATE, ZIP CODE	12	2/20/2019
MY PLAC	E			10	50 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 125 W 149	assistance in making medical and financial guardianship petition STAFF TREATMENT	decisions of a legal, nature, however a had not been filed. OF CLIENTS		125			
	CFR(s): 483.420(d)(1) The facility must deve policies and procedure mistreatment, neglect	lop and implement written		A Section of the Control of the Cont			
	Based on record revie neglected to promptly	ot met as evidenced by: ew and interview the facility address the behavioral and 5 sampled clients (#2).					
	Direct care staff failed and medical needs of behaviors escalated or						
	12/6/19 on second shift Director revealed client bedroom, threw his bor "Don't touch me! Stay a care staff #C and staff According to the Direct around 11pm. Staff A a shift in the facility (11pr the note indicated clien and sat in the doorway the bedroom door. After refused to get up and the floor. When staff A he told staff A to hold hiwas his maid. Client #2	E were working. or, staff C and staff E left nd staff B worked third n-8am). Further review of at #2 refused to get in bed to his bedroom blocking					

	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		34G103	B. WNG				С
	27.000	340103	D. WING			12	/20/2019
	OF PROVIDER OR SUPPLIER			10	TREET ADDRESS, CITY, STATE, ZIP CODE 050 HOGAN STREET AYETTEVILLE, NC 28301		
(X4) PRE TA	FIX (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	bathroom. He went b	e 3 up and take him to the ack to his bedroom and self on the floor lying on his	W	149			
	Interview on 12/20/19 she was working with 12/6/19 from 11pm-8e sitting in the floor of h departing 2nd shift ste explained client #2 ha all evening not wantin had a tantrum sitting of and telling staff not to back to his bedroom t she came into work at floor of his bedroom. asked client #2 to get explained she observe between 11pm-4am a went to the bathroom bedroom) and then ca on the floor. Staff A ca (not certain of the time client #2 was having in staff #1 to monitor him behavior escalated. So checking on client #2 in bed and making cer interview revealed thro hours client #2 refused the floor, stood up, got himself repeatedly ont interview revealed staff 7:55am and he called her client #2 had not s throw himself on the flo	am. She observed client #2 is bedroom. She spoke with aff C and staff E. Staff C d been very non-compliant g to take a bath and then on the floor of his bedroom touch him. Staff A went o check on client #2 when nd he was sitting on the After staff C left, staff A up and he refused. Staff A up and he refused. Staff A de client #2 several times is he stood up, got in bed or (across the hallway from his me back and threw himself alled the home manager e) and reported to her that on-compliance and she told and call her back if his staff A and staff B took turns rying to convince him to get tain he was okay. Further sughout the early morning it to get up. Client #2 sat on into bed and then threw of the floor. Subsequent of D came into work around the home manager to tell lept all night, continued to					

1	OTIVELIEUE	OF SEC. 01-1401-4		T			CIVIDI	10. 0930-039	1
-		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		TE SURVEY APLETED	
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ı			34G103	B. WNG			1	2/20/2019	
	NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE			1
l	MY PLAC	E			1,000,000	0 HOGAN STREET			1
ŀ					FA	YETTEVILLE, NC 28301			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	: TE	(X5) COMPLETION DATE	
		about 8:30am after wr communication log. S revealed she did not of intellectual disabilities. Direct care staff A statistic behavior support plan. Interview on 12/20/19 12/7/19 when he arrive he was told by direct of #2 had been very nonshift, throwing his body to get up. Further interwalked back to client # him to go away and no staff D stated he was vizeralined on the floor of interview revealed staff manager before 9am to not get up from the floor Subsequent interview manager told him to attestand up and go into the would come over to the When asked if client #2 total but stated several up. Staff D stated client #2 total but stated several up. Staff D stated that I home manager arrived contacted the QIDP/Number was not going to take a bath. Client #3 take a floor. Client #3 stated floor. Client #3 stated floor. Client #3 stated	iting a note in the staff ubsequent interview ontact the qualified professional (QIDP)/Nurse. ed she was not aware of a (BSP) for client #2. with staff D revealed on ad for work about 7:55am are staff A and B that client compliant all night on third on the floor and refusing view revealed staff D 2's room and client #2 told t to touch him. Direct care ery concerned when client ant to eat breakfast and of his bedroom. Further D contacted the house of explain client #2 to would or of his bedroom. evealed the home empt to get client #2 to be living area and that she home and check on him. was complaining of pain, did not complain of any times that he could not get later in the morning the (not certain of time) and ree.	W	149				

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	ROPUR MEDICARE &					OMB N	O. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRU	JCTION	(X3) DAT	E SURVEY
		34G103	B. WNG			1:	C 2/20/2019
NAME OF F	PROVIDER OR SUPPLIER			STREET ADD	DRESS, CITY, STATE, ZIP CODE		20,2010
MYPLAC	F		*	1050 HOGA	NSTREET		
I III I LA	_			FAYETTEV	/ILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ITE	(X5) COMPLETION DATE
I room as see see see see see see see see see	prompt client #2 to get she (client #3) finally winterview revealed later manager and the QIDF she did not know what facility. Interview on 12/20/19 will client #2 became upse to get a bath. She stated to take a bath. She stated sand sat on the floor of the open. She stated where client #2's bedroom, he to hit at staff. She stated worked all night and the stated later the next more arrived. She said client Interview on 12/20/19 were vealed "he fell down a saked where he was where was where was contain second shift that client compliant. She told and call her if his behaviorated she was not certain and call her if his behaviorated she was not certain and cor of of his bedroom.	staff A and staff B tried to tup from the floor and that vent to sleep. Additional or in the morning, the home of Nurse arrived. She stated time they arrived at the with client #4 revealed to when staff C asked him ed client #2 does not like ated he took his clothes off his bedroom with the door in staff A or staff B went into be began to scream and try ed staff A and staff B at she went to sleep. She orning the home manager of the staff A to the hospital and got hurt". When he fell, he stated with the home manager cted on 12/6/19 sometime in #2 was being very the staff A called her arrived at work around the relient #2 was being refusing to get off the The Home manager told	W	149	DEFICIENCY)		
th	taff D to try to get client ne living room. The hor he was coming to the fa	#2 to get up and go into ne manager told staff D acility later in the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
		34G103	B. WING			C 12/20/2019	
NAME OF P	ROVIDER OR SUPPLIER			10	REET ADDRESS, CITY, STATE, ZIP CODE 60 HOGAN STREET LYETTEVILLE, NC 28301	1 12	2/20/2019
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	morning. Further inter at the facility around I contacted the QIDP/N left arm appeared swell Nurse advised her to hospital. Continued in staff C transported clic certain of the time). Review on 12/20/19 or program plan (IPP) day was admitted on 10/16 moderate intellectual of and Pre-Diabetes. Fur revealed client #2 ingest Seroquel to help addressingly, aggression, and Review on 12/20/19 or support program (BSF includes the use of Que the target behaviors of and vocal agitation revealed. Further review for choices and decision possible: Before a prolicear opportunities rating participation whenever often as possible every outlings, restaurants."	rview revealed she arrived unch time and that she lurse. She stated client #2's ollen and bruised and the transport client #2 to the afterview revealed she and ent #2 to the hospital (not ent #2's individual sted 11/13/19 revealed he 3/19 and has diagnoses of disability, Gout, Acid reflux orther review of the IPP ests Quetlapine and ess target behaviors of self divocal agitation. If client #2's behavior of dated 11/15/19 which etiapine and Seroquel for itself injury, aggression, realed staff are to redirect of the BSP revealed, "Allow on-making whenever olem develops provide her than required a possible. Give choices as with choices such as	W	149			
	instruction. Subseque does not comply within repeat the instruction. one additional prompt,	nt review revealed if he (1) minute, staff will If he does not comply after staff may remind him of n if compliant. For the		The second secon			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		TE SURVEY MPLETED
		34G103	B. WNG			1	C 2/20/2019
70000 ACCORD SECTION	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301		
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	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 r morning of 12/7/19 an facility about lunchtime stated the QIDP/Nurse should stated the evening of 18/18/19 and 12/6/19 constituted ne considered that." She investigation of this inconsidered that. She investigation of this inconsidered by the staff. Further to contact the QID immediately if clients he that are not addressed injuries that require Immediately if clients he that are not addressed injuries that require Immediately in the facility nurse/QIDP to intervene with client behavior and staff did reatment for client #2 to the does not be the contact the QID to intervene with client behavior and staff did reatment for client #2 to the does not be the contact the QID to intervene with client behavior and staff did reatment for client #2 to the does not be the contact the QID to intervene with client behavior and staff did reatment for client #2 to the does not be the contact the QID to intervene with client behavior and staff did reatment for client #2 to the does not be the contact the QID to intervene with client behavior and staff did reatment for client #2 to the does not be d	irect him at least three stop, continue with the totop staff may intervene straint to keep him from with the Director revealed not contacted until the did QIDP/Nurse arrived at e to assess client #2. She e made the decision to send al. When asked how quickly did have been contacted she fiz/6/19. She further stated, sked if not following client acting the QIDP/Nurse on glect, she stated, "I had confirmed however her cident did not substantiate urther interview with the lity policy is for direct care of DP/Nurse or Director ave escalating behaviors by their BSP or have mediate medical treatment. Vealed client #2 was being of and a broken arm in the id not immediately contact for further instructions how #2's inappropriate not obtain medical to assess him for pain and esequently resulted in client eatment.	W 1				
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		The state of the s			ONID 110. 0000-0001
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		34G103	B. WING		12/20/2019
MY PLAC	T			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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETION
W 153		or abuse, as well as ource, are reported ministrator or to other with State law through	W 153	3	
	Based on review of in and interviews, direct allegations of neglect administrator or to oth policy. This affected 1 with behaviors. The fill Direct care staff failed neglect to the administrator or to oth policy. This affected 1 with behaviors. The fill Direct care staff failed neglect to the administratory injured during a behave Review on 12/20/19 of	er officials as required by I of 5 sampled clients (#2) Indings are: to report allegations of trator after client #2 was ioral incident on 12/6/19. If a direct care note dated			
	Director revealed clien bedroom, threw his bo "Don't touch me! Stay care staff #C and staff According to the Direct around 11pm. Staff A shift in the facility (11pi the note indicated clier and sat in the doorway the bedroom door. After fused to get up and to the floor. When staff A he told staff A to hold howas his maid. Client #that he couldn't walk. Down were able to get him up bathroom. He went ba	tor, staff C and staff E left and staff B worked third m-8am). Further review of at #2 refused to get in bed to his bedroom blocking er some time, client #2 hen urinated on himself on a prompted him to get up, its groin because staff A 2 told direct care staff A Direct care staff A and B			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 10 10 10 10 10 10 10 10 10 10 10 10 10	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				***************************************	С	
		34G103	B. WING		12	/20/2019
MY PLAC	PROVIDER 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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	side on his arm. Interview on 12/20/19 she was working with 12/6/19 from 11pm-8a sitting in the floor of hi departing 2nd shift sta explained client #2 ha all evening not wanting had a tantrum sitting of and telling staff not to back to his bedroom to she came into work ar floor of his bedroom. Asked client #2 to get explained she observed between 11pm-4am as went to the bathroom (bedroom) and then care on the floor. Staff A care (not certain of the time client #2 was having no manager told staff #A to back if his behavior estook turns checking on him to get in bed and no kay. Further interview early morning hours client #2 sat on the floor and then threw himself Subsequent interview roork around 7:55am armanager to tell her clienight, continued to throoclient #2 complained he stated she was concern	with direct staff A revealed direct care staff B on Im. She observed client #2 is bedroom. She spoke with lift C and staff E. Staff C is been very non-compliant go to take a bath and then is the floor of his bedroom touch him. Staff A went is check on client #2 when is the was sitting on the After staff C left, staff A up and he refused. Staff A up and he refused. Staff A is client #2 several times is he stood up, got in bed or facross the hallway from his ime back and threw himself is led the home manager. In and reported to her that con-compliance. The home of monitor him and call her calated. Staff A and staff B client #2 trying to convince making certain he was a vievealed throughout the ent #2 refused to get up. For, stood up, got into bed repeatedly onto the floor, severaled staff D came into the called the home int #2 had not slept all we himself on the floor and the could not get up. Staff A and staff B could not get up. Staff A and staff B is could not get up.	W 153			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		34G103	B. WING		С
		340103	\$ 1	STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301	12/20/2019
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
W 153	intellectual disabilities Direct care staff A staft behavior support plan Interview on 12/20/19 the QIDP/Nurse was r morning of 12/7/19 an facility about lunchtime stated the QIDP/Nurse client #2 to the hospita the QIDP/Nurse shoul stated the evening of "Right away." When a #2's BSP and not cont 12/6/19 constituted ne considered that." She investigation of this ind neglect by the staff. Fit Director confirmed fact staff to contact the QID immediately if clients h that are not addressed injuries that require imi Additional interview rev treated for a broken his hospital. In that staff d the facility nurse/QIDP to intervene with client behavior and staff did it treatment for client #2 injury, their neglect sub #2's delayed medical tr STAFF TREATMENT C CFR(s): 483.420(d)(3)	professional (QIDP)/Nurse. led she was not aware of a (BSP) for client #2. with the Director revealed not contacted until the d QIDP/Nurse arrived at e to assess client #2. She e made the decision to send al. When asked how quickly d have been contacted she 12/6/19. She further stated, sked if not following client acting the QIDP/Nurse on glect, she stated, "I had confirmed however her clident did not substantiate urther interview with the dity policy is for direct care DP/Nurse or Director have escalating behaviors by their BSP or have mediate medical treatment. I realed client #2 was being of and a broken arm in the id not immediately contact for further instructions how #2's inappropriate not obtain medical to assess him for pain and beequently resulted in client eatment. DF CLIENTS	W 153		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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11115.05	DOMAND OF CHEST	34G103	B. WNG			12	/20/2019
MY PLAC	PROVIDER OR SUPPLIER			105	REET ADDRESS, CITY, STATE, ZIP CODE 50 HOGAN STREET YETTEVILLE, NG 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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE
W 154	This STANDARD is n	ot met as evidenced by: acility records and interview,	W	154			
	evidence to thoroughly injury involving 1 of 5 findings include:	y investigate an unknown sampled clients (#2). The ed to thoroughly investigate					
	an unknown injury to divide Review on 12/20/19 of		Management of the second secon				
Andrew my my management and an angel my management and an angel my	Director revealed clien bedroom, threw his bo "Don't touch me! Stay care staff #C and staff	t #2 became upset in his dy on the floor telling staff , away from me!" Direct					
	around 11pm. Staff A shift in the facility (11pr the note indicated clier and sat in the doorway the bedroom door. Aft	and staff B worked third m-8am). Further review of at #2 refused to get in bed to his bedroom blocking				-	
	the floor. When staff A he told staff A to hold h was his maid. Client #. couldn't walk. Direct cato get him up and take	prompted him to get up, is groin because staff A 2 told direct care staff A he are staff A and B were able him to the bathroom. He					
	went back to his bedroo himself on the floor lyin	om and then again threw g on his side on his arm.					
	of this incident revealed 12/10/19 and a stateme was no statement from	ent from staff A. There staff B who worked third I shift on 12/6/19. There		The second secon			
		and accompanied client					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
34G103		B. WING			С		
NAME OF PROVIDER OR SUPPLIER MY PLACE		- I	1050	EET ADDRESS, CITY, STATE, ZIP CODE O HOGAN STREET ETTEVILLE, NC 28301	1 1	2/20/2019	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX (EACH CORRECTIVE ACTION SHOULD		E ATE	(X5) COMPLETION DATE	
W 193	W 154 Continued From page 12 #2 to the hospital on 12/7/19. There were no statements from staff D who worked first shift on 12/7/19 and observed client #2 not wanting to get out of bed and not wanting to eat breakfast on 12/7/19. Staff D was still working in the facility when client #2 left for the hospital. In addition, there were no statements from two interviewable clients #3 and #4. There was no statement from the home manager who was contacted by direct care staff on 12/6/19. In addition, there was no statement from client #2 who was injured. Interview on 12/20/19 with the Director confirmed the only staff statement was from staff A. Further interview confirmed other sources of evidence such as statements from client #2, the home manager, QIDP/Nurse and other staff and clients were not considered in her investigation of this incident.		W 1	93			
1	2/6/19 on second shift	a direct care note dated and interview with the	44				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000	(X2) MULTIPLE CONSTRUCTION (X3) DATE		TE SURVEY MPLETED		
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		34G103	B. WNG			1	2/20/2019	
NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	1.	E/20/2010		
MY PLAC	E			1050 HOGAN STREET FAYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ORRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE		
	X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		W	193				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X	(3) DATE SURVEY COMPLETED
						С
		34G103	B. WNG			12/20/2019
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZI 1050 HOGAN STREET FAYETTEVILLE, NC 28301	PCODE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A	CTION SHOULD BE O THE APPROPRIATE	COMPLETION DATE
	him and call her back Staff A and staff B too #2 trying to convince making certain he was revealed throughout ticlient #2 refused to ge floor, stood up, got inthimself repeatedly on interview revealed sta 7:55am and he called her client #2 had not sthrow himself on the floomplained he could rishe was concerned at about 8:30am after with communication log. So revealed she did not contellectual disabilities Direct care staff A state behavior support plan Interview on 12/20/19 12/7/19 when he arrive he was told by direct city and been very non-shift, throwing his body to get up. Further interview and the floor conterview revealed staff manager before 9am to go to get up from the floor conterview revealed staff manager before 9am to go to get up from the floor go to get up from the floor conterview revealed staff manager before 9am to go to get up from the floor go to g	she told staff #1 to monitor if his behavior escalated. It his behavior if his bedroom.	W	193		

OF IAI FT	COTOTT MEDIONITE W	MILDIO/ ND CLITTICLO				CIVID IV	10. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G103	B. WNG	No.			C 2/20/2019
NAME OF P	ROVIDER OR SUPPLIER	Lance		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 1	212012019
				30.00	050 HOGAN STREET		
MYPLAC	E				AYETTEVILLE, NC 28301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X6) COMPLETION DATE
	When asked if client # staff D stated client #2 pain but stated severa up. Staff D stated that home manager arriver contacted the QIDP/N Review on 12/20/19 o 11/15/19 which include and Seroquel for the trinjury, aggression, and staff are to redirect client BSP revealed, "Allow decision-making when problem develops provather than required papossible. Give choices with choices such as continued review on 1 revealed for non-compinistruction. Subsequer does not comply within repeat the instruction. one additional prompt, reinforcers he may ear target behavior of self-immediately try to redirtimes. If he does not s	ne home and check on him. #2 was complaining of pain, 2 did not complain of any altimes that he could not get t later in the morning the d (not certain of time) and furse. ## Client #2's BSP dated tes the use of Quetiapine arget behaviors of self d vocal agitation revealed tent. Further review of the for choices and tever possible: Before a ## Wide clear opportunities ## as often as possible eve ## putings, restaurants." ## 2/20/9 of client #2's BSP ## aliance staff give him ## at review revealed if he ## (1) minute, staff will ## fine does not comply after ## staff may remind him of ## in if compliant. For the ## injury: Staff will ## rect him at least three ## top, continue with the ## stop staff may intervene	W	193			
	Interview on 12/20/19 withat she had no docum direct care staff working inserviced on this BSP	g with client #2 were		the second second second is a basic and a basic and a second second second second second second second second			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D/	(X3) DATE SURVEY COMPLETED	
	x:	34G103	B. WING			C	
NAME OF PROVIDER OR SUPPLIER MY PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 193		16 ere was no documentation	W 193	3			

My Place Plan of Correction

W122 — As of 2/3/2020 Midstate Health Systems will conduct a thorough internal investigation of any allegation of abuse and/or neglect. The QDDP will determine if the allegation or incident meets the requirements to submit an IRIS report. Midstate Health Systems will update policies and procedures regarding allegations of neglect towards clients served. By 2/3/2020 all staff will be re-trained in client rights, abuse/neglect definitions, and incident reporting. The Human Rights Committee will continue to review all allegations and incidents regarding the clients served.

W125 – Client #2 is no longer a resident in the My Place facility but his family was encouraged to seek guardianship. The other clients served have legal representation and any new residents admitted to the facility will be encouraged to seek a guardian of the person.

W149 – By 2/3/2020 all staff will be re-trained on the behavior support plans of all clients served. Staff will also be in-serviced in de-escalation techniques and incident reporting. Staff will review the policies and procedures in regards to communicating with the Home Manager, QDDP, Nurse and Director.

W153 – The administrators will review and update the policies regarding incident reporting and neglect. By 2/3/2020 staff will review the incident reporting policies and procedures. Staff will also review the clinical definitions of abuse and neglect. Staff will be encouraged to report all incidents of neglect or suspected neglect. The Home Manager, QDDP, and/or Nurse will determine the need for additional medical care when incidents are reported.

W154 – As of 2/3/2020 all allegations of neglect will be investigated internally to include interviews and written statements from staff. The QDDP will lead the investigation and will include statements from other clients served. Internal investigations will include a medical assessment when deemed necessary. The QDDP will determine if the allegation or incident meets the requirements of an IRIS report. The Human Rights Committee will continue to review all allegations and incidents at least quarterly.

W193 – By 2/3/2020 all staff will be in-serviced in client rights, behavior support plans, abuse/neglect, and de-escalation techniques. Staff will be trained upon hire, annually and as needed.

San W. Balmine 1/3/2020

January 13, 2020

This letter is to request a follow up visit at the My Place group home. All deficiencies will be corrected no later than February 3, 2020.

Thank you,

Seri Gilmore, Directo