

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

PRINTED: 10/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 interview, the facility failed to assure privacy was maintained for 1 of 3 sampled clients (#3) while toileting. The finding is:</p> <p>Observation in the group home on 10/8/20 at 5:50 PM revealed the back hallway of the group home to have two bathrooms with a chair sitting in front of each bathroom. Continued observation at 6:05 PM revealed client #3 to use the bathroom with the bathroom door open and staff A sitting in the chair in front of the bathroom. Further observation revealed staff A to ask client #3 if he was finished and if he needed help while staff A remained seated in the chair in front of the bathroom and the bathroom door remained open. Additional observation revealed staff A to walk into the bathroom and to assist client #3 with the bathroom door left open.</p> <p>Review of client #3's record on 10/9/20 revealed an individual program plan (IPP) dated 5/24/20. Continued review of the IPP revealed a behavior support plan (BSP) dated 5/31/19. Review of client #3's BSP revealed target behaviors of non-compliance, making untrue statements, verbal aggression, tantrum behavior, threatening AWOL, physical aggression, property destruction, self-injurious behavior, rectal digging/smearing and stealing.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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	Continued From page 1 Continued review of client #3's record revealed a toileting schedule training objective implemented 5/25/19. Review of client #3's toileting program revealed the client will follow a toileting schedule to increase the % of successful trips to the bathroom 100% of the time for two consecutive reviews. Continued review of the 5/2019 toileting objective revealed instructions that indicated: First session should occur as soon as client wakes up in the morning then after each meal and before going to bed. Client #3 should go to the restroom every two hours and should sit on the toilet no longer than 15 minutes. While on the toilet, trainer should encourage client #3 to try to have a bowel movement and remind client of a special treat with completing a bowel movement in the toilet. Further review revealed the trainer should assist as needed to ensure hygiene needs are met. Additional review of client #3's toileting guidelines revealed no monitoring guidelines relative to restricting client #3's privacy while toileting.  Interview with staff B on 10/8/20 revealed staff must monitor client #3 closely when he is toileting and staff often do not go in the bathroom with the client due to the smell. Interview with the facility qualified intellectual disabilities professional (QIDP) and facility program specialist verified client #3 should be allowed privacy when toileting despite close supervision needs. Further interview verified staff should not leave the door open when the client is toileting or when staff are assisting the client after toileting.	W 130			
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3)  The facility must have evidence that all alleged	W 154			

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

PRINTED: 10/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 154	<p>Continued From page 2 violations are thoroughly investigated.</p> <p>This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to assure an allegation of reported verbal abuse and mistreatment were thoroughly investigated for 1 of 5 clients in the home (#3). The finding is:</p> <p>Review of an internal facility inquiry on 10/8/20 revealed an incident of AWOL behavior on 9/17/20 by client #3. Further review of the internal inquiry revealed a staff statement to allege possible verbal abuse towards client #3 by staff A. Review of a written statement by staff C revealed: I was on the phone with the home manager (HM), she hears them and tells me to tell staff A to disengage but she continued to interact with client #3. Client #3 went to his room and staff A followed. Client #3 was throwing things (poop, room decor, clothes, blinds, etc.) at staff A. Staff A closed the door with both of them in the room, yelling and screaming continued. Staff A then sat on the outside of client #3's room with the door closed with the blind stick in her hand. Further review of the 9/17/20 internal inquiry revealed no further inquiry or investigation relative to the statement of staff C.</p> <p>Interview with the facility qualified intellectual disabilities professional (QIDP) revealed she had not received statements from staff until 10/5/20. Further interview with the QIDP revealed she had overlooked the allegation of staff C regarding staff A's alleged treatment towards client #3 in the staff statement. Subsequent interview with the QIDP revealed a formal investigation would be initiated as of 10/8/20 due to the new finding and per</p>	W 154			

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

PRINTED: 10/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 154	Continued From page 3 administration guidance. Additional interview with the QIDP confirmed staff A would be immediately placed on suspension due to an internal investigation.  Interview with the facility administrator on 10/9/20 verified staff A was suspended 10/8/20 at 7:36 PM. Continued interview with the facility administrator verified based on the statement of staff C, an immediate investigation should have been initiated to determine if staff A verbally abused or mistreated client #3.	W 154			
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 observation, review of records and interviews, the individual program plan (IPP) failed to include sufficient interventions to address behavior management for 1 of 3 sampled clients (#3). The finding is:  A. The team failed to implement sufficient interventions to address toileting supervision for client #3. For example:  Observation in the group home on 10/8/20 at 5:50	W 249			

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

PRINTED: 10/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 249	<p>Continued From page 4</p> <p>PM revealed the back hallway of the group home to have two bathrooms with a chair in front of each bathroom door. Continued observation at 6:05 PM revealed client #3 to use the bathroom with the bathroom door open and staff A sitting in the chair in front of the bathroom. Further observation revealed staff A to ask client #3 if he was finished and if he needed help while staff A remained seated in the chair in front of the bathroom and the bathroom door remained open. Additional observation revealed Staff A to walk into the bathroom and to assist client #3 with the bathroom door left open.</p> <p>Observation on 10/9/20 at 7:05 AM revealed client #3 to go to the restroom and staff D to monitor client #3 with intermittently knocking and opening the bathroom door and asking "Are you okay?, Are you finished?" Continued observation revealed client #3 to respond "Why do you keep checking on me?"</p> <p>Review of client #3's record on 10/9/20 revealed an individual program plan (IPP) dated 5/24/20. Continued review of the IPP revealed a behavior support plan (BSP) dated 5/31/19. Review of client #3's BSP revealed target behaviors of non-compliance, making untrue statements, verbal aggression, tantrum behavior, threatening AWOL, physical aggression, property destruction, self-injurious behavior, rectal digging/smearing and stealing.</p> <p>Continued review of client #3's record revealed a toileting schedule training objective implemented 5/25/19. Review of client #3's toileting program revealed the client will follow a toileting schedule to increase the % of successful trips to the bathroom 100% of the time for two consecutive</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 249	<p>Continued From page 5</p> <p>reviews. Continued review of the 5/2019 toileting objective revealed instructions that indicated: First session should occur as soon as client wakes up in the morning then after each meal and before going to bed. Client #3 should go to the restroom every two hours and should sit on the toilet no longer than 15 minutes. While on the toilet, trainer should encourage client #3 to try to have a bowel movement and remind client of a special treat with completing a bowel movement in the toilet. Further review revealed the trainer should assist as needed to ensure hygiene needs are met. Additional review of client #3's toileting program revealed no monitoring guidelines relative to how staff should monitor client #3 while toileting.</p> <p>Interview with staff B on 10/8/20 revealed staff must monitor client #3 closely when he is toileting and staff do not go in the bathroom with the client due to the smell. Interview with the facility qualified intellectual disabilities professional and facility behaviorist verified client #3 should be monitored closely while toileting. Further interview with the QIDP verified client #3 did not have specific guidelines relative to supervision while toileting.</p> <p>B. The team failed to implement sufficient interventions to address AWOL behavior for client #3. For example:</p> <p>Review of internal documentation on 10/8/20 and 10/9/20 revealed client #3 had (5) AWOL incidents from 12/14/19 through 9/17/20. Continued review of internal documents revealed police intervention was used for client #3's AWOL behaviors on 12/14/19, 9/4/20 and 9/17/20.</p>	W 249			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 249	Continued From page 6 A review of records for client #3 on 10/9/20 revealed a IPP dated 5/24/20. Continued review of the IPP revealed a BSP dated 5/31/19. Review of client #3's BSP revealed target behaviors of non-compliance, making untrue statements, verbal aggression, tantrum behavior, threatening AWOL, physical aggression, property destruction, self-injurious behavior, rectal digging/smearing and stealing. A review of interventions relative to AWOL (threats) revealed: prompt client to calm, ask if he has a preferred place to sit or calm; If he calms talk about his good calming behavior. If he escalates, or begins physical aggression or property destruction staff should block/prevent harm and use a limited control walk if behavior continues to an area away from others. A physical restraint procedure (agency approved) is to be used if he is unable to calm for 1 minute and stops aggression. Further review of the BSP for client #3 revealed no interventions to address AWOL behavior of client #3 if the client leaves the group home.  Interview with the QIDP and facility program specialist revealed client #3 had a BSP revision in 3/18/20. Continued interview with the QIDP and program specialist revealed the revised BSP was not implemented due to the restrictive nature of interventions involved in the revised plan. Subsequent interview with the QIDP, program specialist and facility administrator verified client #3's BSP failed to have sufficient interventions to address the AWOL behavior of the client.	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3)  Techniques to manage inappropriate client	W 288			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 288	<p>Continued From page 7</p> <p>behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the team failed to assure techniques to manage inappropriate behavior were not used as a substitute for active treatment for 1 of 3 sampled clients (#3) relative to the storage of hygiene items. The finding is:</p> <p>Observation in the group home med room on 10/8/20 at 7:16 PM revealed client #4 to participate in evening medication administration. Continued observation of the medication room revealed the hygiene basket for client #3 to sit on a shelf of the med room. Observation in the group home on 10/9/20 at 6:15 AM revealed client #3's hygiene basket to sit in the floor of a bathroom until it was placed in the medication room.</p> <p>Review of client #3's record on 10/9/20 revealed an individual program plan (IPP) dated 5/24/20. Continued review of the IPP revealed a behavior support plan (BSP) dated 5/31/19. Review of client #3's BSP revealed target behaviors of non-compliance, making untrue statements, verbal aggression, tantrum behavior, threatening AWOL, physical aggression, property destruction, self-injurious behavior, rectal digging/smearing and stealing. Further review of client #3's record revealed no intervention or behavior prevention measure relative to locking client #3's hygiene basket in the medication room of the group home.</p> <p>Interview with the facility program specialist on 10/9/20 revealed client #3's hygiene basket is</p>	W 288			

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

PRINTED: 10/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/09/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE MARION, NC 28752</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 288	Continued From page 8 kept in the medication room due to misuse of hygiene products by client #3. Further interview with the facility program specialist verified storing hygiene items of client #3 in the medication room was not a strategy tied to any programming for the client and the the BSP needed to be revised to include the restriction.	W 288		