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

PRINTED: 05/03/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
34G062		B. WING			04/21/2021		
NAME OF PROVIDER OR SUPPLIER BOXWOOD ACRES				34	TREET ADDRESS, CITY, STATE, ZIP CODE 164 US HWY 601 SOUTH OCKSVILLE, NC 27028		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
W 249	each client must rece treatment program co interventions and servand frequency to suppobjectives identified in plan.	isciplinary team has individual program plan, ive a continuous active insisting of needed vices in sufficient number port the achievement of the in the individual program	W 2	249			
	Based on observation reviews, the facility far sampled clients (#5) of treatment program conterventions as identifications (PCPs) relative finding is:	eceived a continuous active					
	8:40 AM to 8:50 AM r bathroom while toileti unattended by staff. AM revealed staff A to door and close it as c pants. At no point du was client #5 accomp Review of the record revealed a person-ce 2/11/21 which indicate accompanied by staff bathroom to ensure h of the record revealed	evealed client #5 to sit in the ng with the door open and Further observations at 8:50 o walk past the bathroom lient #5 was pulling up her ring the observation period ranied by staff while toileting. for client #5 on 4/21/21 ontered plan (PCP) dated less that client #5 should be					
	given a verbal prompt	t, paired with a gestural					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
34G062			B. WING		04/21/2021		
NAME OF P	ROVIDER OR SUPPLIER D ACRES		STREET ADDRESS, CITY, STATE, ZIP CODE 3464 US HWY 601 SOUTH MOCKSVILLE, NC 27028				
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETION DATE		
W 249	Continued From page 1 prompt to close the bathroom door. Staff will provide client #5 with the identified prompt stated in each step according to bathroom guidelines. Staff will provide hand over hand assistance to close the door while stating "close the bathroom door". If client #5 doesn't respond, staff will state "close the door" a second time while staff physically move the client's hand into motion towards the door. Once staff feel client #5 is taking control of her own movement, staff will release physical guidance. If client #5 does not respond, staff will state to the client a third time "close the bathroom door" while pointing to the door. Interview with the qualified intellectual disabilities professional (QIDP) verified that client #5 has a history of disrobing and toileting with the door open. The QIDP verified that staff may not have been aware that client #5 was toileting unattended with the door open. The QIDP verified that all of client #5's goals are current. The QIDP confirmed during the interview that staff should follow all interventions for client #5 relative to toileting and privacy.		W 249				