

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

PRINTED: 12/29/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHADYLAWN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 SHADYLAWN DR</b> <b>CHAPEL HILL, NC 27516</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 000  {W 130}	<p><b>INITIAL COMMENTS</b></p> <p>A revisit was conducted on 12/28/2021 for all previous deficiencies cited on 7/27/21. Some deficiencies have been corrected. However, one deficiency was recited. The facility remains out of compliance with all regulations surveyed.</p> <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 confirmed by interviews the facility failed to ensure direct care staff protected the privacy of 2 of 4 clients (#4 and #5). The findings are:</p> <p>A. During early morning observations at the facility on 7/27/21 at 6:53am, staff A bathed client #4 in the bathroom with the door open leaving him visible to anyone who passed the doorway. At 6:58am, staff A took client #4 to his bedroom wearing a towel. Staff A removed the towel leaving client #4 naked, while the bedroom door was open. Staff A applied lotion to client #4's back, legs and then dressed him while the door was open.</p> <p>Immediate interview on 12/28/21 with staff A revealed that client #4 needs assistance protecting his privacy during dressing and bathing due to his inability to do this independently. Further interview revealed client #4 does not have a bathrobe that can be worn during self care and bathing to protect his privacy.</p>	W 000  {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.

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{W 130}	Continued From page 1  Interview on 12/28/21 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should assist client #4 in protecting his privacy during self care and bathing.  B. During observations in the facility on 12/28/21 at 7:50am, staff B verbally cued client #5 to walk across the hallway to the bathroom. Client #5 walked out of his bedroom wearing his underwear and went into the bathroom with staff B. Staff B then closed the bathroom door.  Immediate interview on 12/28/21 with staff B revealed that client #5 will not wear a bathrobe but the staff in the facility have been inserviced to assist him in wearing a towel after his bath to walk back to his bedroom. When asked if client #5 would tolerate wearing a towel leaving his bedroom, staff B stated, "Probably not."  Interview on 12/28/21 with the qualified intellectual disabilities professional (QIDP) revealed direct care staff should assist client #5 in protecting his privacy during self care and bathing.	{W 130}			