

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2021
NAME OF PROVIDER OR SUPPLIER PLAYMORE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3252 PLAYMORE BEACH ROAD MORGANTON, NC 28655		
(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 436	<p>SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to provide teaching relative to eyeglasses for 1 of 3 sampled clients (#1). The finding is:</p> <p>Observations at the day program and the group home throughout the 12/13-14/21 survey revealed client #1 to be engaged in various activities including leisure activities, hygiene, meal preparation, and mealtimes. At no time during the survey was client #1 observed wearing eyeglasses or for staff to prompt client #1 to wear eyeglasses.</p> <p>Review of client #1's record on 12/14/21 revealed a person-centered plan (PCP) dated 5/14/21. Review of the PCP indicated client #1 is prescribed eyeglasses. Continued review of client #1's record revealed an eyeglasses prescription dated 4/12/21. Further review of client #1's record revealed a behavior support plan (BSP) dated 9/11/17 with a review date of 6/22/21. Review of client #1's BSP indicated target behaviors of disruptive behaviors, including property destruction, as defined by hitting or throwing objects including furniture, walls, eyeglasses, or other objects. Further review of client #1's BSP revealed no intervention procedures to address destroying eyeglasses. Continued review of client #1's record revealed incident reports and data</p>	W 436			
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.

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

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W 436	Continued From page 1 sheets indicating client #1 destroyed their eyeglasses on 7/8/21, 8/29/21, 10/5/21, and 11/14/21. Interview with the home manager (HM) on 12/14/21 revealed client #1 has destroyed nine pairs of eyeglasses since June 2021. Further interview with the HM revealed client #1 destroyed the most recent pair on 12/13/21. Interview with the qualified intellectual disabilities professional (QIDP) on 12/14/21 confirmed client #1's BSP is current with a review date of 6/22/21. Further interview with the QIDP confirmed client #1's disruptive behavior relative to destroying eyeglasses has never been formally addressed.	W 436			