STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G224	A. BUILDING _____ B. WING _____	R 02/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LANE	**534 COUNTRY LANE HOLLY SPRINGS, NC 27540**

(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	INITIAL COMMENTS A revisit was conducted on 2/16/22 for deficiencies previously cited on 10/19 - 10/20/21. All previously cited deficencies have been corrected, however, one new deficiency was cited. The facility remains out of compliance.	W 000		
W 137	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(12) The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 2 of 2 audit clients (#1 and #4) had the right to access their personal grooming items. The finding is: During morning observations in the home on 2/16/22 at 7:09am, two electric razors were noted in the medication closet as Staff A was in the process of administering client's medications. Once the staff finished dispensing medications, the razors were locked in the medication closet. Immediate interview with Staff A revealed the razors belong to client #1 and client #4. Additional interview with Staff B also indicated the razors belong to client #1 and client #4 and they were kept in the medication closet because they "need assistance" to use them. Further interview revealed "it's been that way for as long as I've been working here." Review on 2/16/22 of client #1's Individual Program Plan (IPP) dated 7/12/21 indicated under Possessions that he "is aware of what	W 137		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COUNTRY LANE	**534 COUNTRY LANE HOLLY SPRINGS, NC 27540**

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W 137	Continued From page 1 items are his." Additional review of client #1's Community Home Life Assessment (CHLA) dated 1/8/21 revealed no assessment of his ability to clean/maintain his shaving supplies. Further review of the client's Rights Acknowledgement form (dated 2021) noted he has "The right to constant access to his or her personal possessions unless contraindicated by treatment needs." Review on 2/16/22 of client #4's IPP dated 1/12/22 indicated under Possessions that he "is aware of his possessions." Additional review of client #4's CHLA dated 1/1/22 revealed he clean/maintain his shaving supplies given a verbal cue. Further review of the client's Rights Acknowledgement form (dated 2022) noted he has "The right to constant access to his or her personal possessions unless contraindicated by treatment needs." Interview via phone on 2/16/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was aware of electric razors being locked in the medication closet but could not remember which clients they belonged to. Additional interview indicated she did not know why the client's razors were being kept out of their possession.	W 137		