STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G268	A. BUILDING _____ B. WING _____	C 06/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOORE COUNTY HOME FOR AUTISTIC ADULTS	1112 DEVONSHIRE TRAIL ABERDEEN, NC 28315

(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 complaint survey was completed on 6/16/22 for intake #NC00189884. There was one deficiency cited.	W 000		
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 observations, record reviews and interviews, the facility failed to ensure 1 of 1 audit client (#3) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plans (IPP) in the area of self-care. The finding is: During morning observations in the home on 6/16/22 at 8:41am, client #1 was seen sitting on a chair in the living room. Further observations revealed client #1's hair was matted down on her head. Review on 6/16/22 of client #3's IPP dated 5/27/22 stated, "B. NEEDS: The following needs have been identified 2. Self Help Skills: Gain proper grooming skills....".	W 249		

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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W 249	Continued From page 1 During an interview on 6/16/22, Staff A confirmed client #3's hair was matted down on her head. Further interview revealed client #3 will sometimes comb her own hair. During an interview in 6/16/22, the home manager (HM) stated she does not consider client #3's hair as combed. Additonal interview revealed third shift is responsible for ensuring client #3's hair is combed. During an interview on 6/16/22, the qualified intellectual disabilities professional (QIDP) stated she could not comment on client #3's hair due to the fact she had not seen it.	W 249		