STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G051	A. BUILDING _____ B. WING _____	06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURA SPRINGS ROAD HOME	309 LAURA SPRINGS DR SALISBURY, NC 28144

(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 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that written informed consents were obtained prior to implementation of a restrictive procedure for 5 of 6 clients. The finding is: Observation in the group home throughout survey on 6/28/22 from 4:00 PM-6:00 PM revealed 6 of 6 clients to participate in a dinner meal of chicken and rice, mixed vegetables, jello with fruit, apple sauce, Kool-Aid, milk and water. Continued observation revealed staff to access the pantry room using an electronic keypad to unlock the door that was inaccessible to all clients. Observation in the group home throughout survey on 6/29/22 from 6:30 AM-9:00 AM revealed 6 of 6 clients to participate in medication administration for which some required use of apple sauce, pudding or yogurt to take medications. Continue observation revealed staff D to access the pantry room using an electronic keypad to unlock the door that was inaccessible to all clients. Review of records for client #4 on 6/29/22 revealed a person-centered plan (PCP) dated 2/5/22. Continued review of the record revealed a behavior support plan (BSP) dated 5/18/22. Review of the BSP revealed target behaviors of physical aggression, social isolation, inappropriate food acquisition, property destruction, misusing hygiene products,	W 263		

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
	34G051	A. BUILDING _____ B. WING _____	06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURA SPRINGS ROAD HOME	309 LAURA SPRINGS DR SALISBURY, NC 28144

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W 263	Continued From page 1 noncompliance, verbal disruptions and taking property. Further review of the record revealed a Human Rights Committee approval dated 1/11/22 which indicated a consent for locking of the pantry door, door chimes on bedroom door and locked bedroom closet. Review of records for clients #1, #2, #3, #5 and #6 revealed no consents authorizing the pantry room to be kept locked and snacks distributed at designated times to prevent access to food. Interview on 6/29/22 with the qualified intellectual disabilities professional (QIDP) revealed that the interventions in the BSP and PCP are current. Continued interview with the QIDP revealed client #4 does have a consent in place that authorizes restricted access to the pantry and client #1, #2, #3, #5 and #6 do not have consents in place that authorizes restricted access to the pantry.	W 263		