STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G121	A. BUILDING _____ B. WING _____	07/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUEEN'S POND	651 QUEEN'S CREEK ROAD HUBERT, NC 28539

(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 record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 3 audit clients (#9). The finding is: Review on 7/18/22 of client #9's Behavior Support Plan (BSP) dated 3/8/22 revealed an objective to decrease frequency of physical aggression to one or less incidents per month for ten of twelve months. Additional review of client #9's BSP revealed a target behavior consisting of physical aggression. Further review of the BSP revealed written informed consent had not been obtained by the legal guardian. Interview on 7/19/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed that although attempts have been made, written informed consent has not been obtained by the legal guardian.	W 263		
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1) and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients residing in the home. The finding is:	W 441		

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
	34G121	A. BUILDING _____ B. WING _____	07/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUEEN'S POND	**651 QUEEN'S CREEK ROAD HUBERT, NC 28539**

(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 441	Continued From page 1 Review on 7/18/22 revealed five fire drills were conducted on second shift at: 4:05pm, 3:15pm, 4:10pm, 4:15pm and 5:30pm. Further review there where four fire drills conducted on third shift: 5:30am, 5:45am, 6:15am and 5:30am. During an interview on 7/19/22, the Residential Manager (RM) stated second shift hours are from 3:00pm until 11:30pm and third shift hours are from 11pm until 7:30am. During an interview on 7/19/22, the management staff confirmed the fire drills where not conducted at varied times on second and third shifts.	W 441		