

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2022
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NAME OF PROVIDER OR SUPPLIER PLEASANT ACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 447 PLEASANT ACRES DRIVE MOCKSVILLE, NC 27028
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(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
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W 249	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interview and record reviews the facility failed to ensure 2 of 3 sampled clients (#2 and #5) received a continuous active treatment program as identified in their person-centered plans (PCPs). The findings are:</p> <p>A. The facility failed to engage client #2 in sufficient training and services consistent with their PCP. For example:</p> <p>Review of records for client #2 on 7/26/22 revealed a PCP dated 3/24/22. Review of client #2's PCP, substantiated by interview with the habilitation specialist on 7/27/22, revealed client #2's current training programs include complete eating skills with 95% accuracy, knock on bathroom door given visual cue, identify a penny with one distracter, obtain medication with 85% accuracy given partial physical prompts, and decrease disruptive behaviors.</p> <p>Observation in the group home on 7/26/22 from 3:45 PM to 4:18 PM revealed client #2 to play with toys in his bedroom. Continued observation at 4:18 PM revealed staff to briefly check on client</p>	W 249		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

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W 249	<p>Continued From page 1</p> <p>#2. Further observation at 4:23 PM revealed client #2 to continue playing independently in his bedroom until being prompted by staff to wash hands for dinner at 5:05 PM. Additional observation at 5:35 PM revealed client #2 to enter his bedroom after the dinner meal and continue playing with his toys until survey observations concluded at 5:50 PM.</p> <p>Observation in the group home on 7/27/22 from 6:30 AM to 7:09 AM revealed client #2 to watch cartoons in the living room area. Continued observation at 7:09 AM revealed staff to prompt client #2 to use the bathroom. Further observation at 7:10 AM revealed client #2 to enter his bedroom and play with his toys until being prompted by staff to wash hands for breakfast at 7:22 AM. Additional observation at 7:50 AM revealed client #2 to enter his bedroom after the breakfast meal and continue playing with his toys until being prompted by staff to receive his medications at 8:28 AM.</p> <p>Observations times on 7/26/22 from 3:45 PM to 5:50 PM indicated 90 of 125 minutes of observations with minimal to no engagement. Observations times on 7/27/22 from 6:30 AM to 9:00 AM indicated 89 of 150 minutes of observations with minimal to no engagement.</p> <p>B. The facility failed to engage client #5 in sufficient training and services consistent with their PCP. For example:</p> <p>Review of records for client #5 on 7/26/22 revealed a PCP dated 11/18/21. Review of client #5's PCP, substantiated by interview with the habilitation specialist on 7/27/22, revealed client #5's current training programs include secure</p>	W 249			

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

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W 249	<p>Continued From page 2</p> <p>robe correctly, learn to shop and make purchase at mock self-checkout, will learn to sort colors with two or fewer prompts, and will demonstrate appropriate table manners.</p> <p>Observation in the group home on 7/26/22 from 3:45 PM to 4:10 PM revealed client #5 to watch cartoons in the living room area. Continued observation at 4:10 PM revealed staff to prompt client #5 to use the bathroom. Further observation from 4:15 PM to 5:08 PM revealed client #5 to continue watching cartoons in the living room until staff prompted client #5 to wash hands for dinner.</p> <p>Observation in the group home on 7/27/22 from 6:30 AM to 7:17 AM revealed client #5 to watch cartoons in the living room area. Continued observation at 7:17 AM revealed staff to prompt client #5 to change his socks and wash his hands for breakfast. Further observation at 8:15 AM revealed client #5 to continue watching cartoons in the living room area until he was prompted by staff to pack his lunch at 8:33 AM.</p> <p>Observations times on 7/26/22 from 3:45 PM to 5:50 PM indicated 78 of 125 minutes of observations with minimal to no engagement. Observations times on 7/27/22 from 6:30 AM to 9:00 AM indicated 65 of 150 minutes with minimal to no engagement.</p>	W 249			