| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G033 | A. BUILDING _____ B. WING _____ | 12/07/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SOUTHRIDGE ROAD | 301 SOUTHRIDGE RD JAMESTOWN, NC 27282 |

| (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 249 | PROGRAM IMPLEMENTATION<br>CFR(s): 483.440(d)(1)<br><br>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.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to ensure a continuous active treatment program consisting of needed interventions were implemented as identified in the person-centered plan (PCP) for 1 sampled client (#4). The finding is:<br><br>Afternoon observations in the facility on 12/6/22 at 5:20 PM revealed client #4 to walk into the hall bathroom and pull down his pants with the light turned off. Continued observations revealed client #4 to use the toilet with the door remaining open and the light turned off. Further observations revealed clients and staff to walk by the bathroom as client #4 continued toileting. Observations at 5:30 PM revealed client #4 to pull up his pants and exit the bathroom without wiping or washing his hands. Additional observations revealed this surveyor to request that staff assist client #4 in the bathroom with the door closed. At no point during the observation did staff prompt client #4 to close the bathroom door for privacy.<br><br>Review of the record for client #4 on 12/7/22 revealed a PCP dated 10/1/22. Review of the | W 249 | | |

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

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| W 249 | Continued From page 1<br>PCP for client #4 revealed the following program goals: close the bathroom door for privacy, toothbrush goal, wash hands, laundry goal and get his water for medication administration. Continued review of the PCP revealed any time client #4 uses the bathroom, he should close the door behind himself in order to protect his privacy. Once he has finished using the bathroom and fixing his clothes, he may open the bathroom door. "Staff should remind client to close the door when he is exposed or on the toilet. Staff will offer assistance needed to protect his privacy per occasion throughout the day".<br><br>Interview with the qualified intellectual disabilities professional (QIDP) on 12/7/22 revealed client #4 has a privacy goal to ensure the bathroom door is closed while toileting. Continued interview with the QIDP revealed all of client #4's program goals are current. Further interview with the QIDP verified staff have been trained to assist client #4 in the bathroom and to prompt the client to close the bathroom door to ensure privacy. | W 249 | | |
| W 263 | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(3)(ii)<br><br>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.<br>This STANDARD is not met as evidenced by:<br>Based on observation, record review and interview, the facility failed to ensure that updated, written informed consent of the legal guardian and human rights committee (HRC) was secured for exterior door alarms for 5 of 5 clients (#1, #2, #3, #4 and #5). The finding is: | W 263 | | |

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| W 263 | Continued From page 2<br>Observations in the group home during the survey period from 12/6/22 - 12/7/22 revealed exterior door alarms to ring upon staff and clients entering and exiting the facility.<br><br>Review of client records on 12/7/22 for clients #1, #2, #3, #4 and #5 revealed expired consents from the legal guardians and HRC dated 8/10/21 for human rights limitations relative to door alarms. Review of the documentation did not reveal updated written informed consent from the HRC and legal guardians relative to the exterior door alarms.<br><br>Interview with the home manager (HM) and qualified intellectual disabilities professional (QIDP) revealed that current human rights consent limitation forms for clients #1, #2, #3, #4 and #5 could not be located during the survey. Continued interview with the HM and QIDP verified HRC limitation consent forms for all clients should be updated and signed by the HRC and legal guardian annually. | W 263 | | |