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

PRINTED: 01/25/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G196	B. WING _			01/	24/2023
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME				STREET ADD 109 LONON MARION, N		•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure privacy for 1 of 3 clients (#4) during toileting. The finding is: Observation in the group home on 1/24/23 at 6:48 AM revealed client #4 to complete his breakfast meal and training objective to load the dishwasher. Continued observation at 6:49 AM revealed client #4 to exit the kitchen and enter the small bathroom to use the toilet and not close the bathroom door for privacy. Further observation revealed client #4 to complete his toileting routine and exit the bathroom. Review of records for client #4 on 1/24/23 revealed an individual program plan (IPP) dated 3/9/22. Further review of the IPP revealed goals to wipe after toileting, shave his face, load the dishwasher, and bathe himself. Interview with the home manager (HM) on 1/24/23 verified the IPP is current. Further interview with the HM revealed staff prompt client #4 to close the bathroom door for privacy when they are in the area and see that the client has not closed the door. INDIVIDUAL PROGRAM PLAN		W				
	CFR(s): 483.440(c)(4 The individual program objectives necessary as identified by the corequired by paragraph			-21	TITI F		(X6) DATE

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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		34G196	B. WING _			01/24/2023	
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		0172472020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
W 227	Based on observation interview, the facility program plan (IPP) in objectives to meet id 1 of 3 clients (#4) relexcessive water. The A. The facility failed objectives relative to example: Observation in the weather the client of the lunch meal. Continuate the lunch meal reveate accompanied by how any disruptive behave to eat 100 % of his locorn dogs with ketch pudding and a beverence of the consisting of the lunch meal consisting of or lunch the lunch meal consisting of or lunch meal consisting of lunch meal consisting or lunch meal consisting or lunch meal consisting or lunch meal consisting or lunch mea	not met as evidenced by: ons, record review and failed to assure the individual ncluded guidelines or training entified behavioral needs for ative to spitting and drinking e findings are: to have guidelines or training client #4 spitting. For orksite on 1/23/23 at 12:45 nt #4 to participate in the ed observation throughout alled client #4 to eat at a table assemates and to be absent of iors. Client #4 was observed unch meal consisting of two up, mustard, banana	W 2	27			

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W 227	Continued From page 2 Interview with the Home Manager (HM) verified on 1/24/23 that client #4's training programs are current. Continued interview with the HM revealed that client #4 eats his meals at the portable table due to his preference and due to him spitting at his peers. Further interview with the HM revealed no documentation to support that client #4's spitting at peers has been formally addressed to support his isolation from peers at the dinner table. Review of records for client #4 on 1/24/23 revealed individual person-centered plan (IPP) dated 3/9/22. Continue review of the PCP for client #4 revealed training objectives to include wipe after toileting, shave his face, load the dishwasher, and bathe himself. Further review of client #4's record revealed a behavior support plan (BSP) dated 7/24/22 with target behaviors of self-injurious behavior, physical aggression, property destruction, smearing feces, and tantrum behavior. B. The facility failed to have guidelines or training objectives relative to client #4 drinking water excessively. For example: Observation in the home on 1/23/23 from 4:00 PM to 5:30 PM revealed client #4 to participate in		W 227			
	identifying letters of play. Continued obmake continuous "ruthroughout the 90-m water from the bath." Review of records for	include: connect 4, puzzles, the alphabet, and outside servation revealed client #4 to uns" to the bathroom ninute observation to drink room sink. or client #4 on 1/24/23 ed 7/24/22. Continued review				

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W 227	of the BSP for client # of self-injurious behave property destruction, tantrum behavior. Interview with the Hol on 1/24/23 that the Bi Continued interview v #4 had a prior medica in a depletion in his se	#4 revealed target behaviors vior, physical aggression, smearing feces, and me Manager (HM) verified SP for client #4 is current. with the HM revealed client al complication that resulted odium levels due to his water. Further interview with it the team needed to	W 2	27			