PRINTED: 11/09/2023 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		
		34G011	B. WING _				01/2023
NAME OF PROVIDER OR SUPPLIER BOST CHILDREN'S CENTER				53	REET ADDRESS, CITY, STATE, ZIP CODE 00 HIGHWAY 200 ONCORD, NC 28025		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 130	CFR(s): 483.420(a)(7) The facility must ensurable the facility treatment and care of This STANDARD is in Based on observation failed to ensure private of 4 sampled clients (compared to the client to prepare for observation at 6:38 A mechanical lift to transitioned in the t-shirt and an adult brobservations also revibe exposed in the hall clients and other staff room areas. At no possible transitioned in the hall clients and other staff room areas. At no possible transitioned in the privacy during the transitioned in the quaprofessional (QIDP) of should have made su was covered during the bedroom to the bathrough the privacy during the privacy during the privacy during the privacy during the bedroom to the bathrough the privacy during the privacy du	gree the rights of all clients. Imust ensure privacy during a personal needs. Interviews, the facility by during personal care for 1 (#2). The finding is: Interviews are finding is: Interviews are for 1 (#2). The finding is: Interviews are for 1 (#2). The finding is: Interviews are for 1 (#2). The finding is: Interviews are for a finding are for a finding are for a finding are for a finding and the finding and the finding fint during the observation for the finding fint during the observation for the finding fint form the finding form	W				
210	CFR(s): 483.440(d)(1 As soon as the interd)		0			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (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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		34G011	B. WING _			11/01/2023	
NAME OF PROVIDER OR SUPPLIER BOST CHILDREN'S CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5300 HIGHWAY 200 CONCORD, NC 28025		1 11/0/1/2020	
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W 249	each client must rec treatment program c interventions and se and frequency to su	eive a continuous active	W 2	249			
	Based on observating review, the facility factive treatment probehavioral interventing identified in the individual control of the control of	not met as evidenced by: on, interview and record iled to ensure a continuous gram consisting of needed ons was implemented as ridual habilitation plan (IHP) ients (#4). The finding is:					
	revealed several dod doors. Continued of alarm secured on the bedroom. At no point the door alarms make clients entered and a Subsequent observative revealed this survey intellectual disabilities the exterior door alarm observations revealed alarm into the "on" part of the door alarm into the door alarm i	ations on 11/1/23 at 7:30 AM or to alert the qualified as professional (QIDP) that rms were not in working servations revealed the QIDP door alarm to include the 44's bedroom. Further ad the QIDP to turn each door osition. Observations at 7:45 or alarms to work properly.					
	dated 9/5/23. Continuity client #4 revealed a	I for client #4 revealed an IHP nued review of the record for behavior support plan (BSP) ndicated the following target					

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W 249	appropriate commun peers and AWOL belthe 9/5/23 BSP indicexit doors and the cliused due to AWOL but Interview with the QI someone turned off on the exterior doors. Continued interview staff are trained to ke functioning to provide #4 to reduce his AWO interview with the QI	ration, mood fluctuations, ication and behavior with naviors. Further review of ated that AWOL alarms on all ent's room door are to be ehaviors. DP on 11/1/23 revealed that all of the door alarms fixated and in client 4's bedroom. with the QIDP revealed all eep the exterior door alarms e behavior support for client OL behaviors. Further DP and Residential Manager	W 24	49		
W 262	that all exterior doors functioning on each swith the QIDP verified client #4's BSP as or PROGRAM MONITOUTE CFR(s): 483.440(f)(3). The committee shour monitor individual proinappropriate behavior in the opinion of the client protection and This STANDARD is Based on observation interview, the facility updated, written informan rights commit exterior door chimes #4, #5, #6, #7 and #8	shift. Additional interview d that all staff will follow dered and written. DRING & CHANGE (i)(i) Id review, approve, and ograms designed to manage or and other programs that, committee, involve risks to rights. not met as evidenced by: on, record review and failed to ensure that rmed consents from the tree (HRC) was secured for for 8 of 8 clients (#1, #2, #3, 8). The finding is:	W 26	62		
		on 10/31/23 and 11/01/23 at all exterior door alarms to ring				

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W 262	exiting the facility. Review of the recor #5, #6, #7 and #8 o updated signed cor alarms on exit door	nd surveyors entering and ds for clients #1, #2, #3, #4, n 11/01/23 did not reveal an usent from the HRC for the	W 26	2	
W 263	professional (QIDP) rights consent form #6, #7, and #8 wer she was unaware the signed copy by the was going to work of the HRC.), revealed that signed human s for clients #1, #2, #3, #4, #5, e not in the charts and that nat each individual needed a HRC. QIDP stated that she on getting them approved by	W 26	3	
	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 observations, record review and interviews, the facility failed to ensure restrictive techniques were reviewed and approved by the legal guardians for 8 of 8 clients (#1, #2, #3,#4,#5,#6,#7, and #8). The finding is:				
	the facility, revealed ring upon clients, st and exiting the facil Review of the recor	s on 10/31/23 and 11/01/23 at d all exterior door alarms to saff and surveyors entering ity. ds for clients #1, #2, #3, #4, in 11/01/23 did not reveal an			

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W 263	for the alarms on exit Interview with the qua professional (QIDP), guardian consent forr #5, #6, #7, and #8 we unaware that each inc copy by a legal guard	doors. alified intellectual disabilities	W 2	263		