

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

PRINTED: 02/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2024
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		
(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 341	<p>NURSING SERVICES CFR(s): 483.460(c)(5)(ii)</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to teach and promote infection control techniques such as hand washing by clients and staff for 4 of 4 audited clients (#1, #2, #3 and #4). The findings are:</p> <p>A. Observation in the group home on 2/19/24 at 5:13 PM revealed client #1 to wash hands before the dinner meal. Continued observation revealed client #1 to carry her regular plate, two cups, silverware, napkin, plate guard and shirt protector to the table where the dycem mat was already placed. Further observation revealed client #1 to consume the following dinner meal: precut teriyaki pork chops, broccoli, rice, punch, and two percent milk.</p> <p>Observation in the group home on 2/20/24 at 6:54 AM revealed client #1 to enter the kitchen and carry her regular plate, two cups, silverware, napkin, and plate guard to the table with staff assistance. Continued observation revealed client #1 to consume a breakfast meal of two omelets, one and half pieces of whole wheat toast, orange juice and grape juice. Further observation revealed client #1 to carry her dishes to the kitchen and scraped her plate. At no point during morning observations was client #1 prompted to wash or use an alcohol-based sanitizer to clean</p>	W 341			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2024
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		
(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 341	<p>Continued From page 1</p> <p>her hands before consuming the breakfast meal.</p> <p>Review of records for client #1 on 2/20/24 revealed a person-centered plan (PCP) dated 3/2/23. Continued review of the PCP revealed the following goals: improve daily living skills, improve self-help skills, improve eating skills/manners, make bed, bathe self, wipe after toileting, load dish washer, privacy, decrease maladaptive behaviors, and increase communication.</p> <p>Interviews with the qualified intellectual disabilities professional (QIDP) and home manager (HM) on 2/20/24 revealed staff and clients should perform hand hygiene or used an alcohol-based hand sanitizer before all meals, after any self-care activity, whenever working with clients and anytime their hands become soiled.</p> <p>B. Observation in the group home on 2/19/24 at 5:10 PM revealed client #2 to wash hands before the dinner meal. Continued observation revealed client #2 to carry her plate, cups, silverware, napkin, and plate guard to the dinner table where her dycem mat had already been placed. Further observation revealed client #2 consume the following dinner meal: precut teriyaki pork chops, broccoli, rice, punch, and two percent milk.</p> <p>Observation in the group home on 2/20/24 at 6:35AM revealed client #2 to participate in medication administration. Continued observation revealed client #2 to receive a prompt to retrieve medication basket from the cabinet. Further observation revealed Client #2 to receive a description of her medication and assistance to pop her medication into a medicine cup. Further observation revealed client #2 to drink five medications with a choice of beverage-juice.</p>	W 341			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2024
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		
(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 341	<p>Continued From page 2</p> <p>Subsequent observation revealed client #2 to hurriedly throw the medication cup in the trashcan and walk out of the medication room leaving one pill remaining in the cup that Staff D retrieved from the garbage. At no point before or during the medication pass did Staff D or client #2 wash or sanitize their hands.</p> <p>Observation in the medication room on 2/20/24 at 6:40 AM revealed Staff D to dig throughout the trash can to retrieve the pill client #2 threw away in the medication cup. Continued observation revealed Staff D to lay the pill on the desk and exit the room to report the event to the home manager. Further observation revealed Staff D to comment to surveyor she needed to notify nursing of the missed dose/dropped pill. Subsequent observation revealed Staff D to prompt another client for medication pass.</p> <p>Review of records for client #2 on 2/20/24 revealed a PCP dated 6/21/23. Continued review of the PCP revealed the following goals: improve daily living skills, increase independent living skills, wipe after toileting, make med, improve self-help skills, increase communication skills, decrease maladaptive behaviors, community awareness, improve toothbrushing, improve eating skills/manners, and attend to one leisure activity.</p> <p>Interviews with the QIDP and HM on 2/20/24 revealed staff and clients should perform hand hygiene or used an alcohol-based hand sanitizer before all meals, after any self-care activity, whenever working with clients and anytime their hands become soiled.</p> <p>C. Observation in the group home on 2/20/24 at</p>	W 341			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2024
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		
(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 341	<p>Continued From page 3</p> <p>6:45 AM revealed Staff D to prompt client #4 to come inside the medication room for his medication pass. Continued observation revealed Staff D to retrieve a spoon, medication cup and small container of apple sauce to place on the desk for client #4's medication pass. Further observation revealed Staff D to lay the spoon on a yellow sticky notepad present on the desk. Subsequent observation revealed Staff D to begin client #4's medication administration.</p> <p>Observation in the group home on 2/20/24 at 6:45 AM revealed Staff D to retrieve client #4 medication basket from the closet. Continued observation revealed client #4 to receive a description of his medication, assist Staff D with popping his medication into her hand from the bubble pack. Further observation revealed Staff D to transfer the medication from her hand to the medication cup. Subsequent observation revealed Staff D to retrieve the spoon from the yellow sticky note pad, open the apple sauce container, load the pill cup, stir, and feed client #4 his medications. At no point before or during the medication administration did Staff D or client #4 wash or sanitize their hands. Additionally, Staff D failed to ensure that the surface of the desk was sanitized before placing Client #4's spoon on the surface.</p> <p>Observation in the group home on 2/20/24 at 6:53 AM revealed client #4 to the leave the medication room and enter the dining room for his breakfast meal. Continued observation revealed client #4 to get his deep-dish bowl, silverware, and two sip cups to place on the table with staff assistance. Further observation revealed client #4 to consume a breakfast meal of two omelets, two pieces of whole wheat toast, a cup of orange</p>	W 341			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2024
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		
(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 341	<p>Continued From page 4</p> <p>juice and cup of grape juice. At no point before the breakfast meal was client #4 prompted to wash or use an alcohol-based sanitizer to clean his hands before consuming the breakfast meal.</p> <p>Review of records for client #4 on 2/20/24 revealed a PCP dated 7/28/23. Continued review of the PCP revealed the following goals: bathe self, pick up bedroom, follow toileting schedule, improve eating skills/manners, increase self-help skills - toothbrushing, improve daily living-skills, decrease maladaptive behaviors, and increase communication skills.</p> <p>Interviews with the QIDP and HM on 2/20/24 revealed staff and clients should perform hand hygiene or used an alcohol-based hand sanitizer before all meals, after any self-care activity, whenever working with clients and anytime their hands become soiled.</p> <p>D. Observation in the group home on 2/19/24 at 5:13 PM revealed client #3 to wash hands before the dinner meal. Continued observation revealed client #3 to carry his regular plate, two cups, silverware, and napkin to the table. Further observation revealed client #3 to consume the following dinner meal: precut teriyaki pork chops, broccoli, rice, punch, and two percent milk.</p> <p>Observation in the group home on 2/20/24 at 6:54 AM revealed client #3 to enter the kitchen and carry regular plate, two cups and silverware to the table. Continued observation revealed client #3 to consume a breakfast meal of two omelets, two pieces of whole wheat toast, orange juice and grape juice. Further observation revealed client #3 carried his dishes to the kitchen, rinsed them and loaded them into the dishwasher. At no point</p>	W 341			

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

PRINTED: 02/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2024
NAME OF PROVIDER OR SUPPLIER LAURELWOOD GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 109 LONON AVENUE MARION, NC 28752		
(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 341	<p>Continued From page 5</p> <p>before the breakfast meal was client #3 prompted to wash or use an alcohol-based sanitizer to clean his hands before consuming the breakfast meal.</p> <p>Review of records for client #3 on 2/20/24 revealed a PCP dated 3/2/23. Continued review of the PCP revealed the following goals: bathe self, attend to one leisure item, load dishwasher, improve eating skills/manners, privacy, shave face, use spoon during mealtime, wipe after toileting, reduce maladaptive behavior, and communication program.</p> <p>Interviews with the QIDP and HM on 2/20/24 revealed staff and clients should perform hand hygiene or used an alcohol-based hand sanitizer before all meals, after any self-care activity, whenever working with clients and anytime their hands become soiled.</p>	W 341			