

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

PRINTED: 03/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 450 TWIN OAKS ROAD STATESVILLE, NC 28625		
(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 262	<p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i)</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 6 of 6 clients (#1, #2, #3, #4, #5, #6). The findings are:</p> <p>Observations throughout the recertification survey period from 3/19/24 - 3/20/24 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Continued observations revealed a lock on the refrigerator door and a keypad on the pantry door. Further observations revealed an audio monitor sitting on the floor in client #2's bedroom.</p> <p>Review of client records on 3/20/24 for clients #1, #2, #3, #4, #5 and #6 revealed no signed consents from HRC relative to exit door alarms. Continued review of records for clients #2, #4 and #5 revealed no signed consents for locks on the refrigerator and pantry door. Further review of client #2's record revealed no signed consents for the audio monitor in his bedroom.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 3/20/24 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC limitation consent forms for all clients should be updated and signed by the HRC</p>	W 262			

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.

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

PRINTED: 03/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 450 TWIN OAKS ROAD STATESVILLE, NC 28625		
(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 262	Continued From page 1	W 262			
W 263	<p>annually.</p> <p>PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>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 6 of 6 clients (#1, #2, #3, #4, #5, #6). The findings are:</p> <p>Observations throughout the recertification survey period from 3/19/24 - 3/20/24 revealed exterior door alarms to chime as staff, clients and surveyors entered and exited the group home. Continued observations revealed a lock on the gated fence, refrigerator door and a keypad lock on the pantry door. Further observations revealed an audio monitor sitting on the floor in client #2's bedroom.</p> <p>Review of client records on 3/20/24 for clients #1, #2, #3, #4, #5 and #6 revealed no signed consents from the guardian relative to exit door alarms. Continued review of records for clients #2, #3, #4, and #6 revealed no signed consents for the lock on the gated fence. Further review of clients #2, #4 and #5 records revealed no signed consents for locks on the refrigerator and pantry door. Subsequent review of client #2's record revealed no signed consents for the audio monitor in his bedroom.</p> <p>Interview with the qualified intellectual disabilities</p>	W 263			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FANJOY HOME #2			STREET ADDRESS, CITY, STATE, ZIP CODE 450 TWIN OAKS ROAD STATESVILLE, NC 28625		
(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 263	Continued From page 2 professional (QIDP) on 3/20/24 revealed that signed consent forms could not be located during the survey. Continued interview with the QIDP verified HRC limitation consent forms for all clients should be updated and signed by the legal guardian annually.	W 263			