

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G196</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAURELWOOD GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 LONON AVENUE</b> <b>MARION, NC 28752</b>		
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W 000	INITIAL COMMENTS  An unannounced complaint survey was completed on 7/8/24 for Intake #NC00217714. The allegations in the complaint were unsubstantiated and deficiencies unrelated to the complaint were cited.	W 000			
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)  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.  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that 4 of 4 clients (#1, #2, #3, #4) received a continuous active treatment program as identified in the Person-Centered Plan (PCP). The findings are:  A. During morning observations on 7/8/24 between 8:20 AM and 9:50 AM, client #1 was observed to wander around the home, sit in the living room watching t.v., eat a snack, and use the restroom. At no time was client #1 offered a preferred item or activity nor assisted with any activities of daily living.  Review of records on 7/8/24 revealed an Individual Program Plan (IPP) for client #1 dated 3/7/24 which lists the following preferred	W 249			

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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W 249	<p>Continued From page 1</p> <p>activities: water play, taking a bath, swinging, jumping on the trampoline, feeling preferred textures, interaction and support from an adult, listening to music, playing on the keyboard, supported reading, praise and clapping."</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 7/8/24 confirmed that staff should have ensured that clients were engaged in leisure activities, personal care programs, or chores such as packing their lunches for the day.</p> <p>B. During morning observations on 7/8/24 between 8:20 AM and 9:50 AM, client #2 was observed to sit in the living room watching t.v., eat a snack, and use the restroom. At no time was client #2 offered a preferred item or activity nor assisted with any activities of daily living.</p> <p>Review of records on 7/8/24 revealed an Individual Program Plan (IPP) for client #2 dated 6/21/24 which lists the following preferred activities: listening to music, watching movies, eating candy, popcorn, and most foods, swimming, swinging in the outdoor swing, hugs, pressure sensory stimulation, blowing bubbles, going for car rides."</p> <p>Interview with the QIDP on 7/8/24 confirmed that staff should have ensured that clients were engaged in leisure activities, personal care programs, or chores such as packing their lunches for the day.</p> <p>C. During morning observations on 7/8/24 between 8:20 AM and 9:50 AM, client #3 was observed to sit in the living room watching t.v., eat a snack, and use the restroom. At no time was client #3 offered a preferred item or activity nor</p>	W 249			

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W 249	<p>Continued From page 2 assisted with any activities of daily living.</p> <p>Review of records on 7/8/24 revealed a Behavior Support Plan (BSP) for client #3 dated 12/1/23 which lists the following preferred activities: playing with strings, toy trucks and other selected items. Continued review of the BSP revealed the following: "When client #3 has completed a sequence of naturally occurring activities such as morning wake-up and grooming, staf will support client #3's selection of a preferred activity as a back-up reinforcer for the cooperation demonstrated."</p> <p>Interview with the QIDP on 7/8/24 confirmed that staff should have ensured that clients were engaged in leisure activities, personal care programs, or chores such as packing their lunches for the day.</p> <p>D. During morning observations on 7/8/24 between 8:20 AM and 9:50 AM, client #4 was observed to remain in his bed without interaction from staff.</p> <p>Review of records on 7/8/24 revealed a Behavior Support Plan (BSP) for client #4 dated 7/24/22 which states: "when client #4 has completed a sequence of naturally occurring activities such as morning wake-up and grooming staff will support client #4's selection of a preferred activities as a backup reinforcer for cooperation demonstrated. Preferred activities include: looking at pictures in a book, eating, one-on-one interaction, quiet time in his room and being outdoors."</p> <p>Interview with the QIDP on 7/8/24 confirmed that staff should have ensured that client #4 was prompted to participate in activities and that all</p>	W 249			

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W 249	Continued From page 3	W 249			
W 474	clients were engaged in leisure activities, personal care programs, or chores such as packing their lunches for the day.  <b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iii)  Food must be served in a form consistent with the developmental level of the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to serve food that was consistent with the developmental levels of 3 of 4 clients (#1, #2, #3). The findings are:  A. The facility failed to follow client #1's diet as ordered. For example:  During observations on 7/8/24 between 8:20 AM and 9:50 AM, client #1 was served a snack consisting of a whole rice cake, fruit cocktail, and milk. Continuing observations revealed client #1 to consume the entire snack.  Record review revealed an Individual Program Plan (IPP) dated 3/7/24 for client #1 which indicates client #1 is on a regular diet with foods cut to bite size pieces, gluten and casein free, double servings and 1 carton of oral nutritional supplement 2-3 times per day.  Interview with the qualified intellectual disabilities professional (QIDP) confirmed that client #1 should have been provided with a bite size consistency diet.  B. The facility failed to follow client #2's diet as ordered. For example:	W 474			

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W 474	<p>Continued From page 4</p> <p>During observations on 7/8/24 between 8:20 AM and 9:50 AM, client #2 was served a snack consisting of a whole rice cake, apple slices, and apple juice. Continuing observations revealed client #2 to consume the entire snack.</p> <p>Record review revealed an IPP dated 6/21/24 for client #2 which indicates client #2 is on a 1500 calorie diet with foods cut to bite size pieces and no seconds.</p> <p>Interview with the QIDP confirmed that client #2 should have been provided with a bite size consistency diet.</p> <p>C. The facility failed to follow client #3's diet as ordered. For example:</p> <p>During observations on 7/8/24 between 8:20 AM and 9:50 AM, client #3 was served a snack consisting of a whole rice cake and apple juice. Continuing observations revealed client #3 to consume the entire snack.</p> <p>Record review revealed an IPP dated 6/25/24 for client #3 which indicates client #3 is on a regular diet with foods cut to bite size pieces, with a straw for drinking.</p> <p>Interview with the QIDP confirmed that client #3 should have been provided with a bite size consistency diet.</p>	W 474			
W 477	<p><b>MENUS</b></p> <p>CFR(s): 483.480(c)(1)(i)</p> <p>Menus must be prepared in advance.</p>	W 477			

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W 477	Continued From page 5 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that a copy of the menus was available for meal planning. The finding is:  During observations in the group home on 7/8/24, no current menus were available for review.  Interview with staff A on 7/8/24 revealed that there have not been menus in the home for a long time and that staff regularly cook whatever is available in the home for the clients.  Interview with the home manager (HM) on 7/8/24 revealed that there was no menu available for the current week, that the menus are not released until the Monday on which they begin, and that a shopping list is issued in time for her to arrange for the next week's food to be purchased.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/8/24 revealed that each week's menu is sent to the HM on the Tuesday prior to the Monday on which the menu begins. Continued interview with the QIDP revealed that the expectation is that the HM will make the menus available to the staff and that the menus will be followed exactly.	W 477			
W 481	MENUS CFR(s): 483.480(c)(2)  Menus for food actually served must be kept on file for 30 days. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to assure that approved menus were followed and to document changes to the menus. The finding is:	W 481			

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W 481	Continued From page 6  During observations in the group home on 7/8/24, no current menus were available for review.  Interview with staff A on 7/8/24 revealed that menus have not been available for a long time, that staff prepared whatever food they found in the home, and that she is unaware of any procedure to document substitutions or changes to the approved menus.  Interview with the qualified intellectual disabilities professional (QIDP) on 7/8/24 revealed that the expectation is that any deviation from the approved menus will be documented and made available to management.	W 481			