| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 34G257 | A. BUILDING _____ B. WING _____ | R 07/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MIDLAKE RESIDENTIAL** | **369 E GREEN STREET CLARKTON, NC 28433** |

| (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 000 | INITIAL COMMENTS<br><br>A revisit was conducted on 7/3/24 for all previous deficiencies cited on 4/9/24. All deficiencies were not corrected and no new non-compliance was found. The facility is not in compliance with all regulations surveyed. | W 000 | | |
| {W 263} | PROGRAM MONITORING & CHANGE<br>CFR(s): 483.440(f)(3)(ii)<br><br>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.<br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of a legal guardian. This affected 1 of 4 audit clients (#4). The finding is:<br><br>Review on 4/8/24 of client #4's Behavior Support Plan (BSP) implemented 2/2023 revealed there was no signed consent by his legal guardian.<br><br>During an interview on 4/9/24, the Intermediate Care Facility Regional Director (ICFRD) confirmed client #4 does not have a signed consent by his legal guardian.<br><br>A follow up visit was conducted on 7/2/24:<br><br>During an interview the QIDP revealed client #4 still does not have a legal guardian. | {W 263} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE