STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G337	A. BUILDING ______ B. WING ______	C **09/24/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KING GEORGE GROUP HOME	**323 KING GEORGE ROAD** **GREENVILLE, NC 27834**

(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 A complaint survey was completed on September 24, 2024 for intake #NC00221623. The allegation was unsubstantiated. However, a deficiency was cited.	W 000		
W 154	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(3) The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an allegation of physical abuse was thoroughly investigated. This affected 1 of 1 audit clients (#1). The finding is: Review on 9/24/24 of psychology notes revealed that on 8/28/24 client #1 went to school and began making suicidal threats and threats to other students. The school had the client sent to the local hospital. Once at the hospital client #1 made allegations that on 8/27/24 a staff member made her lay on her stomach and sat on her back until she apologized for her behavior. Review on 9/24/24 of the facility's internal investigation dated 8/29/24 revealed an investigation was initiated due to allegations of abuse made by client #1. The investigation revealed that 8 staff were interviewed and 3 clients. Client #1 was interviewed on 8/30/24 and reported that on 8/27/24, she was restrained by a staff member in the living room and bedroom and made to lay on her stomach while staff sat on her back. Review on 9/24/24 of the client's Behavior Data Chart dated revealed that on 8/27/24 physical and	W 154		

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 154	Continued From page 1	W 154		

chemical restraints were used twice that evening following behaviors at 7:30pm and 8:00pm.

Interview with the program director on 9/24/24 revealed that the facility has camera's in common areas such as the living room. However, the program director confirmed that no video footage had been reviewed following client #1's allegations of abuse.