

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

PRINTED: 11/22/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G103</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/19/2024</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MY PLACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1050 HOGAN STREET FAYETTEVILLE, NC 28301</b>			
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W 125	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure client (#4) with a need for legal guardianship appointed by the court. This affected 1 of 1 newly admitted audit clients. The finding is:</p> <p>Review on 11/19/24 of client #4's record revealed there is no documentation of guardianship. Further review of client #4's Individual Program Plan (IPP) dated 7/11/24 revealed a local department of social services is his guardian. Additional review revealed there was paperwork in client #4's record indicating the guardian, but there is no paperwork from the court.</p> <p>During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed there is no documentation in client #4's record indicating who his legally appointed guardian is.</p>			W 125			
W 195	<p><b>ACTIVE TREATMENT SERVICES</b> CFR(s): 483.440</p> <p>The facility must ensure that specific active treatment services requirements are met.</p> <p>This CONDITION is not met as evidenced by: The team failed to: ensure client received an</p>			W 195			

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 195	Continued From page 1 initial Physical Therapy evaluation and visual examination (W210); ensure client received an psychological evaluation (W214); ensure client received an annual physical (W216); ensure client received initial Nutritional evaluation (217); ensure client received an sensorimotor evaluation (W218); ensure client received an initial speech/language evaluation (220); ensure client received an auditory examination (W221); ensure clients Individual Program Plan (IPP) were completed (W226); ensure objectives are developed necessary to meet the needs of the clients (W227); ensure that client received a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training and treatment directed towards the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible (W249); ensure drugs used to manage client inappropriate behaviors were used only as an integral part of their Individual Program Plan (W312); and ensure client received dental examination (W351).	W 195			
W 196	The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the client.  <b>ACTIVE TREATMENT</b> CFR(s): 483.440(a)(1)  Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:	W 196			

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W 196	<p>Continued From page 2</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and confirmed by interviews with staff, the facility failed to provide an aggressive implementation of specialized treatment to 1 of 1 newly admitted audit client (#4) in the areas of dining, communication, leisure and choice making. The findings include:</p> <p>A. Cross reference W210. The facility failed to ensure initial Physical Therapy evaluation was prepared and visual examination was was conducted within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>B. Cross reference W214. The facility failed to ensure initial psychological evaluation was prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>C. Cross reference W216. The facility failed to ensure annual physical examination was conducted within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>D. Cross reference W217. The facility failed to ensure initial Nutritional evaluation was prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>E. Cross reference W218. The facility failed to ensure sensorimotor evaluation was prepared</p>	W 196			

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W 196	<p>Continued From page 3</p> <p>within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>F. Cross reference W220. The facility failed to ensure initial speech/language evaluation was prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>G. Cross reference W221. The facility failed to ensure an auditory examination was conducted within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>H. Cross reference W226. The facility failed to ensure the Individual Program Plan (IPP) was prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>I. Cross reference W227. The facility failed to ensure objectives was prepared within 30 days of admission for 1 of 1 newly admitted audit clients (#4).</p> <p>J. Cross reference W249. The facility failed to ensure implementation of effective behavioral strategies and program implementation was prepared within 30 days of admission for 1 of 1 newly admitted audit clients (#4).</p> <p>K. Cross reference W312. The facility failed to ensure drugs used to manage clients inappropriate behaviors were used only as an integral part of the Individual Program Plan was prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4).</p> <p>L. Cross reference W351. The facility failed to ensure a dental examination was conducted within 30 days of admission for 1 of 1 newly</p>	W 196			

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W 196	Continued From page 4 admitted audit client (#4).	W 196			
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)  Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain an initial Physical Therapy (PT) evaluation and visual examination for 1 of 1 newly admitted audit clients (#4). The finding is:  A. Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review client #4 did not have a PT evaluation.  B. Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review client #4 had a visual examination on 4/5/24, where he was uncooperative.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 had not received his PT evaluation. The QIDP stated client #4's visual examination has not been rescheduled.	W 210			
W 214	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(iii)  The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by:	W 214			

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W 214	Continued From page 5 Based on record review and interview, the facility failed to ensure 1 of 1 newly admitted audit clients (#4) had a psychological evaluation completed within 30 days of admission. The finding is:  Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review indicated client #4 did not have a psychological evaluation.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have current/updated psychological evaluation that was completed within 30 days of admission. Further interview revealed the QIDP is the person who is responsible to ensure a psychological evaluation are completed for newly admitted clients.	W 214			
W 216	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include physical development and health. This STANDARD is not met as evidenced by: Based on record review and interviews the facility failed to ensure 1 of 1 newly admitted clients (#4) annual physical and Nursing evaluation was done within 30 days of admission. The findings are:  A. Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review revealed client #4 did not have a annual physical examination.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have a physical	W 216			

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W 216	Continued From page 6 examination.  B. Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review revealed client #4 did not have a Nursing evaluation.  During an interview on 11/18/24, the QIDP confirmed client #4 did not have a Nursing evaluation.	W 216			
W 217	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include nutritional status. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 1 newly admitted audit clients (#4) received an initial Nutritional evaluation. The finding is:  During mealtime observations during the survey on 11/18 - 19/24, client #4 was observed eating regular textured food. Further observations revealed client #4 did not have any issues with eating.  Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review revealed he did not have an initial Nutritional evaluation.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have a initial Nutritional evaluation.	W 217			
W 218	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)	W 218			

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W 218	Continued From page 7  The comprehensive functional assessment must include sensorimotor development. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a needed sensorimotor evaluation for 1 of 1 newly admitted client (#4) within 30 days of admission. The finding is:  Review on 11/19/24 of client #4's Individual Program Plan (IPP) dated 7/11/24 revealed he was admitted to the facility on 2/27/24. Further review revealed client #4 did not have a Occupational Therapy (OT) evaluation.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed that client #4 does not have a OT evaluation.	W 218			
W 220	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include speech and language development. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 1 of 1 newly admitted audit client (#4) received their initial speech/language evaluation within 30 days of admission. The finding is:  Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review revealed client #4 did not have a speech/language evaluation.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP)	W 220			



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W 220	Continued From page 8 confirmed client #4 did not have a speech/language evaluation.	W 220			
W 221	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3)(v)  The comprehensive functional assessment must include auditory functioning. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure an auditory examination for 1 of 1 newly admitted audit client (#4). The finding is:  Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review revealed did not have a auditory examination.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 had not received his initial auditory examination within 30 days of being admitted.	W 221			
W 226	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)  Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure each client received an Individual Program Plan (IPP) within thirty days after admission. This affected 1 of 1 newly admitted audit clients (#4). The finding is:  Record review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Further review revealed client #4's IPP	W 226			

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W 226	Continued From page 9 was completed on 7/11/24.			W 226			
W 227	<p>During an interview in 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have a IPP within 30 days of their admission to the facility. Further interview revealed it is the QIDP's responsibility to ensure IPP's are completed for newly admitted clients.</p> <p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure 1 of 1 newly admitted audit clients' (#4) Individual Program Plans (IPP) included specific objective training to address the clients needs. The finding is:</p> <p>During observations during the survey on 11/18 - 19/24, client #4 was observed either sitting in the living room, leaning by a bookcase and pulling some type of plastic at the bottom of it or touching a wheelchair that belonged to another client in the home. Client #4 did not participate in any formal training or objectives. Further observations on 11/19/24 from 6:56am thru 8:13am, client #4 was observed stacking and re-staking plastic blocks, on and off during that time.</p> <p>Review revealed client #4 was admitted to the home on 2/27/24. Further review on 11/18/24 of client #4's IPP dated 7/11/24 revealed he did not have any formal training or goals.</p>			W 227			

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W 227	Continued From page 10  During an interview on 11/18/24, the Home Manager (HM) revealed client #4 does not have any objectives or goals. Further interview revealed client #4 does not like to participate in anything. The HM stated she is not sure what skills client #4 processes.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed he has not implemented any new goals for client #4. Further interview revealed the QIDP is responsible for ensuring client #4 has training goals.			W 227			
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 staff interviews, the facility failed to ensure a pattern of interactions supported the active treatment plans for 1 of 1 newly admitted audit clients (#4), specific to communication, independent living, vocational skills, sensory stimulation, community living, implementation of effective behavioral strategies and program implementation. The finding is:			W 249			

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W 249	Continued From page 11  During observations during the survey on 11/18 - 19/24, client #4 was observed either sitting in the living room, leaning by a bookcase and pulling some type of plastic at the bottom of it or touching a wheelchair that belonged to another client in the home. Client #4 did not participate in any formal training or objectives. Further observations on 11/19/24 from 6:56am thru 8:13am, client #4 was observed stacking and re-staking plastic blocks, on and off during that time.  Review revealed client #4 was admitted to the facility on 2/27/24. Further review on of client #4's IPP dated 7/11/24 revealed he has diagnoses of Autism. Further review revealed he did not have any formal training or goals.  During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed a local neurological clinic had diagnosed client #4 with Severe Intellectual Disability.	W 249			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)  At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the Individual Program Plans (IPP) annually for 2 of 4 audit clients (#2 and #3). The findings are:  A. Review on 11/18/24 of client #2's record revealed an IPP dated 10/23/23. Additional review of client #2's record revealed there was no updated IPP.	W 260			

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NAME OF PROVIDER OR SUPPLIER  <b>MY PLACE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1050 HOGAN STREET FAYETTEVILLE, NC 28301</b>		
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W 260	Continued From page 12	W 260			
W 263	<p>B. Review on 11/18/24 of client #3's record revealed an IPP dated 10/24/23. Additional review of client #3's record revealed there was no updated IPP.</p> <p>During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed, both clients #2 and #3 did not have updated IPP's. Further interview revealed that neither of the IPP's have not been rescheduled.</p> <p>PROGRAM MONITORING &amp; 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 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 2 of 3 audit clients (#2 and #3). The findings are:</p> <p>A. Review on 11/18/24 of client #2's Behavior Support Plan (BSP), no date, revealed the guardian last signed the BSP consent on 5/17/23. Further reveiw revealed client #2 has behavior medications.</p> <p>B. Review on 11/18/24 of client #3's BSP dated 10/23/23, revealed the guardian last signed the BSP consent on 10/25/23. Further reveiw revealed client #3 has behavior medications.</p> <p>During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP)</p>	W 263			

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W 263	Continued From page 13 confirmed clients' #2 and #3 BSP consents did not have current written informed consent from their legal guardians.			W 263			
W 312	<b>DRUG USAGE</b> CFR(s): 483.450(e)(2)  be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs used to manage clients inappropriate behaviors were used only as an integral part of the Individual Program Plan (IPP). This affected 1 of 1 newly admitted audit client (#4). The finding is:  Review on 11/18/24, of client 4's record revealed he was receiving behavior medications without written informed consent from his guardian.  During an interview on 11/18/24, the QIDP confirmed client #4 was receiving behavior medications without any written informed consent from his guardian.			W 312			
W 324	<b>PHYSICIAN SERVICES</b> CFR(s): 483.460(a)(3)(ii)  The facility must provide or obtain annual physical examinations of each client that at a minimum includes immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics. This STANDARD is not met as evidenced by:			W 324			

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W 324	Continued From page 14 Based on record review and interview, the facility failed to ensure all immunizations were current for 1 of 1 newly admitted audit client (#4). The finding is:  Review on 11/18/24 of client #4's record revealed he was admitted to the facility on 2/27/24. Additional review of his record revealed no immunization record.  During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4's record did not have his immunization record.			W 324			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)  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 training clients and staff as needed in appropriate health and hygiene methods. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the disposal of medications. The finding is:  During evening medication administration in the home on 11/18/24 at 5:02pm, a single pill for a client dropped on the floor. At 5:06pm, Staff A picked up the pill and flushed it down the toilet. Further observations revealed Staff A was the only staff person in the restroom while she flushed it.  During an immediate interview, Staff A stated if a pill drops on the floor it is to be flushed down the			W 340			

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W 340	Continued From page 15 toilet.  During an interview on 11/19/24, the Home Manager (HM) revealed there is suppose to be a witness while the pill is being flushed down the toilet.  During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP) stated there is suppose to be a witness while a pill is being flushed down the toilet. The QIDP also revealed staff have been trained to ensure there is a witness while a pill is being disposed of.			W 340			
W 351	COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE CFR(s): 483.460(f)(1)  Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).  This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a dental examination for 1 of 1 newly admitted audit clients (#4) 30 days after admission. The finding is:  Review on 11/18/24 client #4's record revealed was admitted to the facility on 2/27/24. Review on 11/18/24 of client #4's record revealed he received a dental examination on 4/19/24. Further review revealed client #4 was uncooperative			W 351			



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W 351	Continued From page 16 during the examination and it was not completed.  During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 has not received a completed dental examination. Further interview revealed the dental examination for client #4 has not been rescheduled.	W 351			
W 441	EVACUATION DRILLS CFR(s): 483.470(i)(1)  and under varied conditions to- This STANDARD is not met as evidenced by: Based on review of fire drill reports and interviews, the facility failed to ensure fire evacuation drills were conducted at varied times. This potentially affected all clients (#1, #2, #3 and #4) residing in the home. The finding is:  Review on 11/18/24 of the facility's fire drills conducted during third shift revealed the following: 3/8/24 at 6:22am; 5/23/24 at 7:31am and 9/9/24 at 7:48am.  During an interview on 11/18/24, the Home Manage (HM) revealed third shift hours are 12am until 8am, Monday thru Friday and 8am until 8pm, Saturday and Sunday. Further interview revealed the drills conducted on third shift were not held during varied times.	W 441			