STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G011	A. BUILDING _____ B. WING _____	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOST CHILDREN'S CENTER	5300 HIGHWAY 200 CONCORD, NC 28025

(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 130	PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7) The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure privacy was maintained for 1 of 4 sampled clients (#4). The finding is: During morning observations on10/23/24 at 6:40 am revealed staff A was in the med room administering medications with the door slightly opened and staff B was in the bathroom assisting another client. Continued observations revealed client #4 walked into the dining area and took her shirt and bra off then threw them on the desk in the common area. Further observations revealed client #4 to walk around the facility topless for seven minutes. Staff A finished her med pass and assisted client #4 with getting dressed. Subsequent observations revealed client #4 to go into the bathroom alone and close the door. Continued observations revealed client #4 opened the door with no bottoms on and stood in the doorway while other residents were in the dining area eating breakfast. Staff intervened and assisted her with getting fully dressed in the bathroom. Interview on 10/23/24 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that staff should have maintained the client's privacy.	W 130	Staff will float to ensure staff are free to assist residents privacy toileting independently if other residents would need assistance.	11/4/2024
W 193	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(3) Staff must be able to demonstrate the skills and	W 193		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly Love — TITLE: QIDP — (X6) DATE: 11/4/24

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 193	Continued From page 1 techniques necessary to administer interventions to manage the inappropriate behavior of clients. This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure 1 of 4 sampled clients (client #4) received the needed interventions as identified in their positive behavior support plan (PBSP) relative to prevention and proactive measures. The finding is: During morning observations on 10/23/24 at 6:30 am revealed upon entering the home, a strong urine odor that was lingering in the dining room area, hallway, and client #4's bedroom. Continued observation revealed two large urine puddles near client #4's door. Further observation revealed staff to enter the bedroom a little over an hour later with a mop and cleaned the urine from the floor while client #4 was pacing around the facility. At no point did staff prompt client #4 to assist with cleaning the urine off the floor in her bedroom or engaged client #4 in an appropriate toileting intervention per her positive behavior support plan. Record review on 10/22/24 revealed a PBSP dated 4/16/24. The PBSP revealed target behaviors of un-cooperation, agitation/anxiety, aggressiveness, appropriate toileting, food searching behavior, and clothing changing. Further review of the PBSP revealed strategies for handling client #4's appropriate toileting as written A visual "short story" teaching prompt will be used to help improve her making a connection between toileting in the correct location, 4 pictures that show a picture of a commode, a figure on the commode, with a green circle, pee in the toilet and a picture of a snack or preferred	W 193	Once clients are awake staff should immediately clean all areas that may be soiled. Staff will allow residents to assist in cleaning the area. Staff will be re-inserviced on teaching prompts.	11/4/2024

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W 193	Continued From page 2 item. Mark the toilet with a figure sitting on the commode, with a green circle, along with an = sign, followed by a removable picture of a desired snack or item in a green circle. Routinely use these teaching techniques to help improve client 4's understanding. When successful, help remove the reward picture and immediately retrieve her snack/preferred item. There were no picture items located in client 4"s bathroom or bedroom. Interview on 10/23/24 with the qualified intellectual disabilities professional (QIDP) verified client #4's positive behavior support plan is current and staff should follow as written.	W 193		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) 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 observation, record review and interview, the facility failed to assure the plan of care (POC) included behavioral interventions to support 1 of 4 sampled clients (#4). The finding is: Observations on 10/23/24 at 6:30 AM revealed client #4 to walk out of her room into the dining room area. Continued observation revealed client #4 to pace around the facility topless. Further observation revealed client #4 to throw her top and sports bra towards this surveyor which landed in the cubby area and to run down the hall with no top on. Further observation revealed staff to prompt client #4 to the bathroom for toileting	W 227	Staff will reprompt residents to the designated area for toileting and to redirect them to dress per behavior plan. Will get with pshycology to address disrobing and privacy to behavior plan so that needs will be met and staff will properly be inserviced.	11/4/2024

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W 227	Continued From page 3 and personal care. Additional observation at 6:45 AM revealed client #4 to stand in the door of the bathroom with no pants on as staff and clients were in the dining room area during the breakfast meal. Observations at 6:50 AM also revealed staff to prompt client #4 into the bathroom to assist her with putting her clothes on. Review of the record on 10/23/24 for client #4 revealed a plan of care (POC) dated 7/19/24 revealed the following program goals: package 30 corks in a container; improve her ability to transition to reduce uncooperation; complete directives relative to education activities on a computer; go to the designated area or activity when prompted; and respond to six questions relative to her TEACCH schedule. Continued review of the record for client #4 revealed a behavior support plan (BSP) dated 4/16/24 indicating the following target behaviors: agitation/anxiety, aggressiveness, appropriate toileting, food searching behavior, and clothing changing and uncooperation. Review of the record did not reveal target behaviors or interventions relative to disrobing and privacy. Interview with the qualified intellectual disabilities professional (QIDP) on 10/23/24 revealed client #4 often disrobes and walks through the facility with no clothes on. Interview with the QIDP verified client #4 has not had techniques or interventions relative to disrobing and privacy. Continued interview with the QIDP revealed client #4 could benefit from program goals relative to respecting privacy and disrobing.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

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W 249	Continued From page 4 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 review and interviews, the facility failed to ensure that a continuous active treatment program consisting of needed interventions and techniques were implemented as identified in the plan of care (POC) for 1 of 4 sampled clients (#6). The finding is: Afternoon observations on 10/22/24 at 5:15PM revealed staff to transition client #6 from the facility van to the dining room area to prepare for the dinner meal. Continued observation revealed client #6 to rock in her wheelchair while banging her head aggressively. Further observation revealed client #6 to continue rocking aggressively and banging her head for a total of 20 minutes while staff prepared her plate for the dinner meal. Observations also revealed staff to ensure that client #6's wheelchair was in a locked position. At no point during the observation did staff place the client's helmet on her head as prescribed. Review of the record for client #6 on 10/23/24 revealed a plan of care (POC) dated 2/16/24 which indicated the client has a helmet that is to be used when she is riding in a vehicle and when	W 249	Staff will be re-inserviced on behavior program and correct interventions when having behaviors. Timeframes in which helmets should be applied if needed taking her to resident to room for medications and feeding if overstimulated.	11/4/2024

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W 249	Continued From page 5 she is exhibiting behaviors in which she may injure herself. Review of the record for client #6 revealed an occupational therapy assessment (OT) dated 6/5/24 which indicated the client has the following adaptive equipment: arm protectors and wrist splints, bilateral AFOs, and maroon spoon/plastic spoon. Further review of the 6/2024 OT assessment indicated the client "will become overstimulated when eating in the lunchroom, even after the other clients have already eaten. Client will often eat in her bedroom and/or on her bed. This is the client's comfort area, and she definitely eats better in her room per staff report". Interview with the qualified intellectual disabilities professional (QIDP) on 10/23/24 verified client #6 has difficulties with anxiety when in the community in which the client began biting her skin and SIBs while on an outing. Continued interview with the QIDP revealed staff have been trained to place client #6's helmet on her head when she is head banging for more than 15 minutes. Further interview with the QIDP revealed staff should follow client #6's behavioral techniques and interventions as prescribed.	W 249		
W 253	PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2) The facility must document significant events that are related to the client's individual program plan and assessments. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to document significant events relative to tracking the rates of target behaviors, affecting 1 of 4 sampled clients (#6). The finding is:	W 253	QIDP quarterly, QA monthly, GHD weekly, will check to make sure programs are being ran and charted correctly. Staff will be re-inserviced on what should be charted for data collection.	11/4/2024

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W 253	Continued From page 6 Review of the record for client #6 revealed a plan of care (POC) dated 2/16/24 which indicated the client has a helmet that is to be used when she is riding in a vehicle and when she is exhibiting behaviors in which she may injure herself. Continued review of the record revealed an occupational therapy assessment (OT) dated 6/5/24 which indicated the client "will become overstimulated when eating in the lunchroom, even after the other clients have already eaten. Client will often eat in her bedroom and/or on her bed. This is the client's comfort area, and she definitely eats better in her room per staff report". Subsequent review of the record for client #6 revealed behavior data sheets from 7/2024-9/2024. Continued review of the behavior data sheets for client #6 revealed incomplete data recording on the 7/2024 (0 entries) and 9/2024 (1 entry) data sheets. Interview with the qualified intellectual disabilities professional (QIDP) on 10/23/24 verified staff have been trained on the client's behavior support plan (BSP) and completing behavior data sheets which will be reported to the interdisciplinary team. Continued interview with the QIDP revealed staff should be consistently tracking the client's headbanging as a target behavior on the data sheets to determine if target behaviors are increasing or decreasing in nature and ensure appropriate behavioral interventions.	W 253		
W 262	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that,	W 262	PRDC Security Camera/Doors Alarms/Door Locks/ Doors Locks with covers/Motion Detectors policy will be updated to include Door locks and Human rights committee will approve and will be monitored quarterly.	11/4/2024

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W 262	Continued From page 7 in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure restrictive programs were only conducted with the written informed consent of the human rights committee (HRC). This affected 7 out of 7 clients (#1, #2, #3, #4, #5, #6 and #7). The finding is: Observations in the home throughout 10/22/24 and 10/23/24 revealed a lock on the laundry room door. Continued observations revealed all of client #4 's clothing items except for two outfits were locked in the laundry room. Review on 10/23/24 of clients #1, #2, #3, #4, #5, #6, and #7 clinical records revealed no written informed HRC consent for the lock on the laundry door. Interview on 10/23/24 with the qualified intellectual disabilities professional (QIDP) confirmed all 7 clients had no HRC consents for locked laundry door. Continued interview with the QIDP revealed client #4's clothing were locked in the laundry room in order to not overwhelm her as she likes to throw them out of her room. The QIDP confirmed that the facility should have obtained HRC consents for all clients at the group home.	W 262		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) 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.	W 263	PRDC Security Camera/Door Alarms/Door locks/ Door Locks with covers/Motion Detectors and policy will be updated for parents/guardians to sign and review annually or as changes arise.	11/4/2024

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W 263	Continued From page 8 This STANDARD is not met as evidenced by: Based on observations, 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 7 out of 7 clients (#1, #2, #3, #4, #5, #6 and #7). The finding is: Observations in the home throughout 10/22/24 and 10/23/24 revealed a lock on the laundry room door. Continued observations revealed all of client #4 's clothing items were locked in the laundry room except for two outfits. Review on 10/23/24 of clients #1, #2, #3, #4, #5, #6, and #7 clinical records revealed no written informed consent of a legal guardian for the lock on the laundry room door. Interview on 10/23/24 with the qualified intellectual disabilities professional (QIDP) confirmed all 7 clients had no written guardian consent for locked laundry door. Continued interview with the QIDP revealed client #4's clothing were locked in the laundry room in order to not overwhelm her and she likes to throw them out her room. The QIDP confirmed that the facility should have obtained guardian consents for all clients at the group home.	W 263		