

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

PRINTED: 01/08/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/03/2025	
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
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W 000	INITIAL COMMENTS			W 000			
	<p>A revisit was conducted on 1/3/25 for all previous deficiencies cited during the recertification on 11/19/24. Some of the deficiencies have been corrected; however the condition still remains out of compliance.</p>						
{W 195}	<p>ACTIVE TREATMENT SERVICES 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 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 (W220); 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</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 (W312); and ensure client received dental examination (W351). The cumulative effect of these systemic practices resulted in the facility's failure to provide statutorily mandated active treatment services to the client. A follow up visit was conducted on 1/3/25. Observations, interviews and record verification during the follow up visit on 1/3/25 determined the Condition of of Active Treatment to still be out of compliance.			{W 195}			
{W 196}	ACTIVE TREATMENT 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: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. 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:			{W 196}			

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{W 196}	Continued From page 2 A. Cross reference W210. The facility failed to ensure initial Physical Therapy evaluation was prepared and visual examination was conducted within 30 days of admission for 1 of 1 newly admitted audit client (#4). 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). 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). 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). E. Cross reference W218. The facility failed to ensure sensorimotor evaluation was prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4). 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). 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). H. Cross reference W226. The facility failed to ensure the Individual Program Plan (IPP) was	{W 196}			

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{W 196}	Continued From page 3 prepared within 30 days of admission for 1 of 1 newly admitted audit client (#4). 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). 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). 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). L. Cross reference W351. The facility failed to ensure a dental examination was conducted within 30 days of admission for 1 of 1 newly admitted audit client (#4). A follow up was conducted on 1/3/24. Review on 1/3/25 revealed the Plan of Correction revealed the condition has not been corrected.	{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.	{W 210}			

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{W 210}	Continued From page 4 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to obtain an initial visual examination for 1 of 1 newly admitted audit clients (#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 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). The QIDP stated client #4's visual examination has not been rescheduled. A follow up was conducted on 1/3/25. Review on 1/3/25 of client #4's record revealed no evidence a visual examination had been completed. During an interview on 1/3/25, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 has not received his visual examination.	{W 210}			
{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) had a Nursing evaluation done within 30 days of admission. The findings are: Review on 11/18/24 of client #4's record revealed	{W 216}			

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{W 216}	<p>Continued From page 5</p> <p>he was admitted to the facility on 2/27/24. Further review revealed client #4 did not have a Nursing evaluation.</p> <p>During an interview on 11/18/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #4 did not have a Nursing evaluation.</p> <p>A follow up visit was conducted on 1/3/25.</p> <p>Review on the Plan of Correction on 1/3/25 revealed client #4 does not have a Nursing evaluation.</p> <p>During an interview on 1/3/25, the QIDP confirmed client #4 does not have a Nursing evaluation.</p>			{W 216}			
{W 227}	<p>INDIVIDUAL PROGRAM PLAN 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</p>			{W 227}			

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{W 227}	<p>Continued From page 6</p> <p>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> <p>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.</p> <p>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.</p> <p>A follow up visit was conducted on 1/3/25.</p> <p>During morning observations in the home on 1/3/25 from 7am - 7:45am, client #4 was observed sitting in a chair. Further observations revealed at no time did staff interact with client #4.</p> <p>Review on 1/3/25 of the Plan of Correction revealed client #4 does not have any formal goals.</p> <p>During an interview on 1/3/25, the QIDP revealed he has not implemented any new goals for client #4.</p>	{W 227}			

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{W 249}	<p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>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.</p> <p>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:</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 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</p>	{W 249}			

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{W 249}	<p>Continued From page 8</p> <p>did not have any formal training or goals.</p> <p>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.</p> <p>A follow up visit was conducted on 1/3/25.</p> <p>During morning observations in the home on 1/3/25 from 7am - 7:45am, client #4 was observed sitting in a chair. Further observations revealed at no time did staff interact with client #4.</p> <p>Review on 1/3/25 of the Plan of Correction revealed client #4 does not have any formal goals.</p> <p>During an interview on 1/3/25, the QIDP revealed he has not implemented any new goals for client #4.</p>			{W 249}			
{W 260}	<p>PROGRAM MONITORING & CHANGE</p> <p>CFR(s): 483.440(f)(2)</p> <p>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:</p> <p>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.</p>			{W 260}			

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{W 260}	Continued From page 9 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. 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. A follow up visit was conducted on 1/3/25. Review on 1/3/25 of the Plan of Correction revealed clients #2 and #3 do hat have updated IPPs. During an interview on 1/3/25, the QIDP confirmed clients #2 and #3 do not have updated IPPs.	{W 260}			
{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. 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: 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.	{W 263}			

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{W 263}	<p>Continued From page 10</p> <p>Further review 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 review revealed client #3 has behavior medications.</p> <p>During an interview on 11/19/24, the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients' #2 and #3 BSP consents did not have current written informed consent from their legal guardians.</p> <p>A follow up visit was conducted on 1/3/25.</p> <p>Review on 1/3/25 of the Plan of Correction revealed clients #2 and #3 do not have written informed consent of their legal guardians.</p> <p>During an interview on 1/3/25, the QIDP confirmed clients #2 and #3 do not have written informed consent of their legal guardians.</p>			{W 263}			
{W 312}	<p>DRUG USAGE</p> <p>CFR(s): 483.450(e)(2)</p> <p>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.</p> <p>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:</p>			{W 312}			

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{W 312}	Continued From page 11 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. A follow up visit was conducted on 1/3/25. Review on 1/3/25 of the Plan of Correction revealed client #4 does not have informed written consent from his guardian. During an interview on 1/3/25, the QIDP confirmed client #4 does not have informed written consent from his guardian,			{W 312}			
{W 324}	PHYSICIAN SERVICES 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: 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			{W 324}			

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{W 324}	Continued From page 12 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. A follow up visit was conducted on 1/3/25. Review on 1/3/25 revealed there is no documentation of client #4's immunization record. During an interview on 1/3/25, the QIDP confirmed client #4's record did not have his immunization record.			{W 324}			
{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			{W 351}			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G103		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 01/03/2025	
NAME OF PROVIDER OR SUPPLIER MY PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1050 HOGAN STREET FAYETTEVILLE, NC 28301			
(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 351}	<p>Continued From page 13</p> <p>received a dental examination on 4/19/24. Further review revealed client #4 was uncooperative during the examination and it was not completed.</p> <p>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.</p> <p>A follow up visit was conducted on 1/3/25.</p> <p>Review on 1/3/25 of the Plan of Correction revealed client #4 has not received a dental examination.</p> <p>During an interview on 1/3/25, the QIDP confirmed client #4 has not received a completed dental examination. Further interview revealed the dental examination for client #4 has not been rescheduled.</p>			{W 351}			