

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

PRINTED: 02/03/2025  
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>R</b> <b>01/30/2025</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MY PLACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1050 HOGAN STREET</b> <b>FAYETTEVILLE, NC 28301</b>			
(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			{W 000}			
W 104	<p>A revisit was completed for all the previous deficiencies cited during the follow up survey on 1/3/25. Some deficiencies have been corrected; however new deficiencies were cited. The condition level deficiency was corrected.</p> <p>Also, a complaint survey was completed for intake #NC00225866. The complaint was unsubstantiated. No deficiencies were cited.</p> <p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation and interview, the governing body failed to provide operating direction over the facility by ensuring staff were sufficiently trained in responding to Federally Mandated Survey Processes. The finding is:</p> <p>Observation on 1/30/25 at 7:55am revealed, surveyors arrived to the facility to conduct a follow up survey. Upon arrival, staff D was sitting in his car. Once seeing the Surveyors, staff D stepped out of the car and went back into the facility. The Surveyors knocked on the front door in attempt to gain entrance to the home. There was no answer at the door. Within minutes, Staff D walked out of the house towards his car. The Surveyor asked staff D if staff were going to open the door. Staff D stated that the staff inside of the home informed him that they could not open the door for the Surveyors unless management was there. Surveyors asked staff D if he would open then door. Staff D went back into the house however when he returned, he stated the staff inside would</p>			W 104			

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 104	<p>Continued From page 1</p> <p>not allow him to open the door. He further stated, he was a new employee and wasn't sure why the staff inside would not open the door. He then left the facility. Surveyors continued to knock on the door, as well as, attempted to call the Qualified Intellectual Disabilities Professional (QIDP). The QIDP did not answer, therefore a voicemail was left. Surveyors continued to knock on the door. At approximately 8:17am, staff C walked out of the home without acknowledging the surveyors and got into her car and left the facility. Surveyors continued to knock at the door. At 8:20am, staff B opened the door and allowed surveyors access to the facility.</p> <p>Interview on 1/30/25 with staff B revealed, staff C informed her that staff were not supposed to open the door for Surveyors and that management is supposed to be onsite when surveyors are in the home. Staff B stated she was only doing what she was told.</p> <p>Interview on 1/30/25 with the QIDP revealed staff are trained to provide surveyors with any information requested. Staff should be honest with surveyors. He further stated staff should have opened the door to allow surveyors access to the facility. The QIDP apologized several times for staffs actions of prohibiting the surveyors access to the facility.</p>	W 104			
{W 249}	<p>PROGRAM IMPLEMENTATION</p> <p>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</p>	{W 249}			

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{W 249}	<p>Continued From page 2</p> <p>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 2 of 2 audit clients (#1 and #4), specific to communication, independent living, vocational skills, sensory stimulation, community living, implementation of effective behavioral strategies and program implementation. The findings are:</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> <p>A follow up visit was conducted on 1/30/25.</p> <p>A. During observations in the home on 1/30/25 from 8:09am - 10:19am, client #1 was observed sitting in his wheelchair near the dining room table. Further observations revealed Staff A was sitting near client #1, but never spoke or engaged with him. Staff A did talk and engage with the client #2 who was also sitting around the table.</p>	{W 249}			

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{W 249}	<p>Continued From page 3</p> <p>Review on 1/30/25 of client #1's Individual Program Plan (IPP) dated 1/9/25 revealed, "He can use eye gaze and can vocalize intermittently to indicate his wish to watch something on tv or for another need such as toileting". Further review stated, "Some things [client #1] enjoys include the following: Watching movies with a lot of action and/or colors...."</p> <p>B. During observations in the home on 1/30/25 at 8:09am, client #4 was observed sitting at a table located in the living room; he had a container of plastic blocks in front of him. Client #4 was called to go to the dining room and sit at the table at 8:11am. At 8:15am, client was called to the medication room to receive his medications. Client #4 exited the medication room at 8:21am and sat down in a chair which is located in the living room. Staff A asked client #4 if he was doing alright at 8:49am. The Qualified Intellectual Disabilities Professional (QIDP) entered the house at 8:54am, looked at client #4 sitting in the living room and did not engage with him. Client #4 was still sitting in the living room not being engaged at 10:19am, when the survey team exited the home.</p> <p>Review on 1/30/25 of client #4's IPP dated 1/3/25 revealed, "Staff will encourage [client #4] to participate in group activities". Further review indicated, "Social skills continue to require prompting due to him wanting to isolate and not interact with other consumers". Additional review stated, "Staff must engage [client #4] in an activity in order for him to participate". Client #4's IPP also mentioned, "[Client #4] will be provided the opportunity to learn all new skills as independently as possible". Additional review</p>	{W 249}			

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{W 249}	<p>Continued From page 4</p> <p>revealed client #4 has two leisure activities, where he will be given opportunities throughout the day by staff to make choices of things or items and arrange client #4 to engage in structured activities such as playing games, watching television of any other desired leisure activity for 30 minutes to an hour a day.</p> <p>During an interview on 1/30/25, the QIDP stated that staff are expected to engage with the clients throughout their day. Further interview revealed staff are expected to interact with the clients.</p>			{W 249}			