

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

PRINTED: 04/09/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 LAKE DRIVE LAURINBURG, NC 28352</b>		
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W 130	<p><b>PROTECTION OF CLIENTS RIGHTS</b> CFR(s): 483.420(a)(7)</p> <p>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 observation, record review and interview, the facility failed to ensure 1 of 5 audits (#3) were afforded privacy during personal care and toileting. The finding is:</p> <p>Observations in the home on 4/7/25-4/8/25, client #3 went in the bathroom without closing the door, pulled down his pants and used the bathroom and then pulled up his pants and exited the bathroom a couple of times throughout the survey.</p> <p>Record review on 4/8/25 client #3 Individual Personal Plan (IPP) dated 5/4/24 revealed client #3 had privacy guidelines. Client #3 privacy guidelines revealed he will need verbal prompted to close the door when going to the bathroom.</p> <p>Interview on 4/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #3 had privacy guidelines and they should have been followed. However, being short staffed in the home and getting people to assist some of the staff were not aware.</p>	W 130			
W 289	<p><b>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b> CFR(s): 483.450(b)(4)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p>	W 289			

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 289	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure the use of systematic interventions to manage client inappropriate behaviors were incorporated into the clients individual program plan (IPP). This affected 1 of 5 clients (#4). The finding is:  Observations in the home on 4/7/25-4/8/25 throughout the survey client #4 wore a soft pink helmet continuously with no breaks.  Record review on 4/8/25 of client #4 Behavior Support Plan (BSP) dated 5/9/24 revealed helmet protocol. Client #4 should be asked to wear the protective helmet. The maximum amount of time that client #4 will wear the protective helmet for one (1) hour and fifty (50) minutes after which it will be removed for 10 minutes.  Interview on 4/8/25 the Qualified Intellectual Disabilities Professional (QIDP) confirmed that staff should have followed client #4 helmet protocol. Client #4 should not have worn the helmet consistently all day.	W 289			
W 331	NURSING SERVICES CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to provided nursing services in accordance with the needs of 1 of 5 audit clients (#5) relative to assuring that physician's orders were documented. The finding is:	W 331			

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W 331	Continued From page 2 Observation on 4/8/25 client #5 was administered Diclofenac gel 1% 4 mg. daily to the affected area not to exceed 11gm a day. Staff C administered some gel on her hands and rubbed the gel onto client #5 left and right hip.  Record review revealed client #5 physician orders signed on 12/12/24 revealed Diclofenac gel 1% 4 mg. daily to the affected area not to exceed 1gm a day to be administered.  Interview on 4/8/25 with the nurse confirmed there was no affected area determined and there was no way for the medication technician to measure 4 mg and determine what area the gel needed to be administered.	W 331			
W 368	DRUG ADMINISTRATION CFR(s): 483.460(k)(1)  The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure medications were administer in accordance with physician orders. this affected 2 of 5 audit clients (#5 and #6). The findings are:  A. Observations of the medication pass in the home on 4/8/25 at 7:48am, Staff C administered medications a pill fell on the floor while client #6 was ingesting her medications. Staff C picked up the medications and placed the medication in a napkin.  Record review on 4/8/25 of physician orders dated 12/12/24 revealed Fluoxetine 40mg,	W 368			

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W 368	Continued From page 3 Xarelto 20mg, Aripiprazole 20mg, Lubiprostone capsule 24mg, Furosemide 20mg, Oyster shell 500mg. Medications should be given daily.  Interview on 4/8/25 with the nurse confirmed the medication was to be given daily. The staff should have called her when the pill fell on the floor so a new medication should have been administered.  B. Observation of the medication pass in the home on 4/8/25 at 8:05am, Staff C administered Acetaminophen tablets 250mg by mouth twice daily for joint pain (do not crush). Staff C poured pills into a plastic bag and crushed the pills  Record review on 4/8/25 of physician orders dated 12/12/24 revealed Acetaminophen 150mg to be administer twice a daily (DO NOT CRUSH)  Interview on 4/8/25 with the nurse confirmed the medication was written to not be crushed.	W 368			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2)  The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #5's wheelchair was maintained and in good repair, failed to replace other adaptive equipment, this affected 1 of 5 audit clients. The findings are:  Observations throughout the survey on	W 436			

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W 436	<p>Continued From page 4</p> <p>4/7/25-4/8/25, client #5's wheelchair right leg rest was hanging to the side of the chair, the cushion in the chair was ripped with stuffing hanging out, the arm rests were ripped with cracked leather that revealed the cushion and metal. Further observation revealed there was no seatbelt alarm attached to the gait belt/wheelchair. When client was propelling herself in the wheelchair client #5 did not wear any gloves. Client #5 did not have a fall mat in her bedroom beside her hospital bed.</p> <p>Review on 4/8/25 of client #5's Individual Personal Plan (IPP) dated 1/23/24 revealed adaptive equipment listed as wheelchair, seat belt alarm, fall mat and gloves when using her wheelchair. Further review of client #5's fall and safety prevention guidelines list gloves when propelling wheelchair, wheelchair with leg rest and seat belt alarm</p> <p>Interview on 4/8/25 with Staff A revealed the wheelchair was broken and client #5 was in need of a new wheelchair.</p> <p>Interview on 4/8/25 with Staff B revealed the fall mat was thrown away a couple of months ago because the mat smelled and it has not been replaced. Staff B also revealed the seatbelt alarm had not worked in a while and they were unsure how long. Client #5 was wearing gloves when propelling her wheelchair, unsure and where the gloves are located.</p> <p>Interview on 4/8/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 wheelchair was broken and needed to be replaced. However, the company was waiting for billing purposes before ordering a new wheelchair. The QIDP revealed she was aware</p>	W 436			

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W 436	Continued From page 5 of client #5 needing a new fall mat and not using her gloves for propelling herself while in her wheelchair. The QIDP confirmed she was also aware of the seat belt alarm not working and needed to be replaced.	W 436			
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)  Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.  This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure 2 of 5 audit clients (#2 and #3) received their specially prescribed diet as indicated. The findings are:  A. Observations in the home on 4/7/25 at 5:45pm, the clients sat at the table to begin dinner. Client #2 received chopped turkey sandwich, regular string beans, and regular size carrots. Further observation in the home on 4/8/25 at 8:40am, client #2 had of a glass of milk and 2 whole graham crackers.  Record review on 4/7/25 of client #2's nutritional evaluation dated 5/4/24 revealed diet 1/4 consistency and physician orders dated 3/14/25 listed diet as 1/4 chopped consistency.  B. Observations in the home on 4/7/25 at 5:45pm, the clients sat at the table to begin dinner. Client #3 received chopped turkey sandwich, regular string beans, and regular size carrots. Further observation in the home on 4/8/25 at 8:40am, client #3 had of a glass of milk	W 460			

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W 460	<p>Continued From page 6 and 2 whole graham crackers.</p> <p>Record review on 4/7/25 of client #3's nutritional evaluation dated 5/4/24 revealed diet 1/4 consistency physician orders dated 12/12/24 listed diet as 1/4 chopped consistency.</p> <p>Interview on 4/8/25 with Staff B confirmed clients #2 and #3 received the wrong diet consistency.</p> <p>Interview on 4/8/25 the Qualified Intellectual Disabilities Professional (QIDP) confirmed clients #2 and #3 received the wrong diet consistency.</p>	W 460			