STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G002	A. BUILDING _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURDOCH DEVELOPMENTAL CENTER	1600 EAST C STREET BUTNER, NC 27509

(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 A complaint survey was completed on June 26, 2025 for intake #'s NC00229855, NC00231343 and NC00231787. The complaints were substantiated. A deficiency was cited.	W 000		
W 157	STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4) If the alleged violation is verified, appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to show evidence of the completion of timely corrective action related to an internal investigation involving an allegation of neglect and rights violations. The finding is: Review of documents on 6/26/25 revealed an internal investigation conducted by the facility for allegations of neglect and rights violations that was initiated following two incidents on the morning of 5/18/25. On the morning of 5/18/25, at approximately 5:54am, one client was discovered by a nurse in the dining room unsupervised. On 5/18/25 at 6:20am, the same nurse discovered another client in the dining room unsupervised, drinking a pitcher of tea. This client was on a fluid restriction. During the facility's investigation into the breach of supervision, they also found that client's were not being afforded privacy during incontinence care. The facility substantiated neglect and a rights violation for one of the two staff involved. The investigation completed by the facility revealed the second staff was not found negligent due to that staff not having received adequate training for the clients in the assigned unit.	W 157		

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 157	Continued From page 1 Interview on 6/26/25 with the Division Director for Arbor revealed he had not completed the written documentation as of yet for the staff that was determined to be negligent by the facility. The Division Director also revealed that the second staff had been out of the country for two weeks following the incident on 5/18/25 but she would receive documented counseling for privacy and would be inserviced on all clients Behavior Support Plans (BSP) in the unit. Interview on 6/26/25 with the Director of Residential Services revealed that the staff found negligent would be receiving a written warning for neglect for failure to follow supervision and for rights infringement. The Director of Residential Services also revealed that the staff was aware of the client's level of supervision and just did not follow it. The Director of Residential Services confirmed no written warning had been issued for the staff as of yet.	W 157		