

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

PRINTED: 07/15/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G224		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2025	
NAME OF PROVIDER OR SUPPLIER COUNTRY LANE				STREET ADDRESS, CITY, STATE, ZIP CODE 534 COUNTRY LANE HOLLY SPRINGS, NC 27540			
(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 125	<p>A complaint survey was completed on 7/10/25 for intake #NC00231544. The intake was substantiated. Deficiencies were cited.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure client #1 bowel movements and weight were provided to his guardian. This affected 1 of 1 audit clients (#1). The finding is:</p> <p>During an interview on 7/10/25, with client #1's guardian he reported that he had requested client #1's bowel movements and weight be recorded on the facility's release form when client #1 goes home for a visit.</p> <p>During an interview on 7/10/25, the Area Supervisor revealed when she was the home supervisor, client #1's guardian had requested that his bowel movements and weight be included on the release form for home visits. Further interview revealed she was doing it as a courtesy, as that information is not required on the form. Additional interview revealed the form is still being given to the guardian by the new home supervisor; but without the requested information.</p>			W 125			
W 260	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(2)			W 260			

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 260	<p>Continued From page 1</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 1 of 1 audit client (#1). The finding is:</p> <p>Review on 7/10/25 of client #1's record revealed an IPP dated 2/2/24. Additional review of client #1's record revealed there was no updated IPP.</p> <p>During an interview on 7/10/25, management staff confirmed client #1's IPP had not been updated.</p>	W 260			