

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G171	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/05/2026
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NAME OF PROVIDER OR SUPPLIER LAGRANGE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 405 WEST WASHINGTON STREET , LA GRANGE, North Carolina, 28551
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W0263	<p>PROGRAM MONITORING & CHANGE</p> <p>CFR(s): 483.440(f)(3)(ii)</p> <p>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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure written informed consent was obtained for all restrictive programs. This affected 1 of 4 audit clients (#3). The finding is:</p> <p>Review on 5/4/26 of client #3's most current Behavior Support Plan (BSP) revealed an objective to go six weeks without displaying aggression towards staff or peers. The plan included the use of Haldol, Cogentin, Benadryl, Neurontin, Klonopin, Depakote, Seroquel, and Geodon medications to address his inappropriate behaviors. Additional review of the record revealed a consent for the BSP signed 4/5/25 by client #3's guardian. No current consent was available for review.</p> <p>Interview on 5/5/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #3's BSP consent had expired and no current consent had been obtained.</p>	W0263		
W0288	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>CFR(s): 483.450(b)(3)</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, record review and interviews, the facility failed to ensure techniques to manage inappropriate behaviors were included in a formal active treatment plan. This affected 2 of 4 audit clients (#1 and #5). The findings are:</p>	W0288		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W0288	<p>Continued from page 1</p> <p>A. During observations in the home on 5/4/26 from 4:00pm - 4:41pm, four of six clients were noted unloading groceries from the facility van, taking them into the house and putting the items away. During this time, client #1 remained in his bedroom. The client was not prompted or encouraged to assist with this task.</p> <p>Interview on 5/4/26 with Staff A revealed client #1 was not allowed to assist with groceries because he has "sticky fingers" and has been known to remove items and take them to his room.</p> <p>Review on 5/4/26 of client #1's Behavior Intervention Plan (signed 3/25/26) revealed an objective to display no more than 2 occurrences of theft a month over a 3-month period. Additional review of the BSP did not indicate the client could not assist with tasks such as putting away groceries to address his inappropriate behaviors.</p> <p>Interview on 5/5/26 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed this technique should not be used to address client #1's stealing behavior and is not included in his BSP.</p> <p>B. During afternoon observations on 5/4/26, ten minutes after the surveyor's arrival, client #5 was given his hearing aid by staff B. Client #5 or staff B could not get the hearing aid working properly. Client #5 gave up with the hearing aid after 10 minutes of trying to put it on and getting it to work. Further observation on 5/5/26, client #5's hearing aid was locked in the medication cabinet and never put back on.</p> <p>Record review on 5/5/26 of the client's #5 audiological evaluation dated 10/14/24 revealed that client #5 has moderate conductive hearing loss in the right ear and needs a hearing aid full-time.</p> <p>Interview on 5/5/26 with the Residential Support Supervisor (RSS) revealed that the hearing aid was locked in the medication cabinet, and she does not know why.</p> <p>Interview on 5/5/26 with QIDP revealed that client #5 should have had a hearing aid on full-time, and they should not be locked away.</p>	W0288		
W0436	<p>SPACE AND EQUIPMENT</p> <p>CFR(s): 483.470(g)(2)</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed</p>	W0436		

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W0436	<p>Continued from page 2 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.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure clients were furnished necessary adaptive equipment and taught to make informed choices about their use. This affected 2 of 4 audit clients (#1 and #5). The findings are:</p> <p>B. During observations throughout the survey on 5/4 - 5/5/26, client #1 did not wear eyeglasses. On 5/4/26, from 11:44am - 12:30pm, the client was observed sitting in the back of the classroom watching a movie on the television. In the home on 5/5/26, at 6:15am, client #1 periodically glanced up watching the television while seated in the living room. At no time was the client prompted or encouraged to wear eyeglasses.</p> <p>Interview on 5/5/26 with client #1 revealed he does not have any eyeglasses and he does not wear eyeglasses.</p> <p>Interview on 5/5/26 with Staff D indicated client #1 should have eyeglasses, however, she could not be sure where they were. Additional interview indicated the client does not like wearing them.</p> <p>Review 5/4/26 of client #1's Individual Program Plan (IPP) dated 3/20/26 revealed he has eyeglasses which are used if "looking at things from a distance (TV)." Additional review of the plan did not include training to teach the client to make informed choices regarding the use of his eyeglasses.</p> <p>When asked where client #1's eyeglasses were, the Residential Service Supervisor (RSS) stated, "I have no idea."</p> <p>Interview on 5/5/26 with the QIDP indicated several of the clients in the home wear eyeglasses, including client #1, however, they have issues with misplacing their eyeglasses. Additional interview confirmed no training has been provided for client #1 to assist him with making more informed choices about his eyeglasses.</p> <p>A. During observations from 5/4-5/5/26, client #5 was observed with no glasses. When asked by the surveyor on 5/5/26 where his glasses were, client #5 spent 15 minutes searching his room but never</p>	W0436		

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W0436	Continued from page 3 found them. Record review on 5/5/26 of the client's #5 visual test dated 05/29/25 revealed he has visual acuity of OD 24/25 and OS 20/20, states he needs glasses part-time/as needed. Interview on 5/5/26 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that client #5 should have his glasses on and be trained to put them on.	W0436		
W0455	INFECTION CONTROL CFR(s): 483.470(l)(1) There must be an active program for the prevention, control, and investigation of infection and communicable diseases. This STANDARD is NOT MET as evidenced by: Based on observations and interviews, the facility failed to ensure proper infection control procedures were followed in order to prevent possible cross-contamination. This potentially affected 6 of 6 clients (#1, #2, #3, #4, #5, and #6). The finding is: During evening observations in the home on 5/4/26, staff and clients were playing Uno on the dining room table for 20 minutes before dinner. When dinner was ready, the staff and clients got up from the table and set down cups, forks, and plates. Neither staff nor clients cleaned the table before setting the dinnerware. Further observation, in the morning on 5/5/26, clients were drinking coffee, playing Uno, and playing with Jenga blocks. When breakfast was ready, clients got up from the table and set down cups, forks, and plates. Neither staff nor clients cleaned the table before having breakfast. Interview on 5/5/26 with the Habilitation Tech revealed that the staff does not clean the table unless it is visibly dirty. Interview on 5/5/26 with the Qualified Intellectual Disability Provider (QIDP) revealed that staff should have prompted clients to clean the table before dinner.	W0455		