

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

PRINTED: 05/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/03/2018
NAME OF PROVIDER OR SUPPLIER WEBSTER GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 103 LITTLE SAVANNAH RD WEBSTER, NC 28788		
(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 242	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(iii)</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>This STANDARD is not met as evidenced by: Based on observation, staff interviews and review of records, the facility failed to ensure the individual habilitation plan (IHP) included objective training to address privacy and hygiene needs for 1 of 3 sampled clients (#4).</p> <p>Observations in the group home on 5/2/18 5:13 PM revealed client #4 entering a bathroom and urinating with the door open. Client #4 was then observed leaving the bathroom without washing his hands. Further observations at 5:30 PM revealed client #4 coming out of a bathroom with the door already open, pulling his pants up and fastening his belt. Continued observations at 5:45 PM revealed client #4 washing his hands in the kitchen after prompting from staff. Further observations on 5/3/18 at 7:35 AM revealed client #4 closing a bathroom door after entering following a prompt from staff.</p> <p>Review of the record for client #4 on 5/3/18 revealed an IHP dated 2/1/18. The IHP contained a comprehensive functional assessment dated 1/20/18 which indicated the client needs prompting to wash hands thoroughly and</p>	W 242			

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 242	Continued From page 1 occasional reminders to wash hands. Continued review of the IHP did not reveal any current programs or guidelines related to privacy or washing hands. Interview with the facility administrator and the qualified intellectual disabilities professional on 5/3/18 revealed client #4 has a history of not closing the door while using the bathroom and had programs for privacy and hand washing in the past. Further interview confirmed client #4 does not currently have programing objectives for privacy or for washing hands after using the bathroom.	W 242		