	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE (X2) MULTI			(X3) DATE COMF	SURVEY		
		240440	B. WING				
	ROVIDER OR SUPPLIER	34G119		TREET ADDRESS, CITY, STATE, ZIP COD	05/30/2018		
NAME OF PI	ROVIDER OR SUPPLIER			31 OLD PARK ROAD	E		
WENDOVER HOME				AIDEN, NC 28650			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG	(	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETIO DATE	
W 000	INITIAL COMMENT	S	W 000				
	No deficiency cited investigation.	during the complaint					
W 130	PROTECTION OF C CFR(s): 483.420(a)		W 130				
		sure the rights of all clients. y must ensure privacy during of personal needs.					
	Based on observati failed to ensure the	not met as evidenced by: on and interview, the facility right to privacy during sampled client (#1). The					
	revealed client #1 er accompanied by sta this time revealed th closed, allowing pas assisting client #1 to to the toilet. On-goi removed client #1's shoes and socks. S exit the bathroom at items to the laundry from client #1's bedu	tted on 5/29/18 at 3:55 PM ntered the bathroom ff. Continued observations at the bathroom door was not fully sers-by to observe staff to transfer from his wheelchair ing observation revealed staff pants, incontinent brief, ttaff was further observed to intervals to take clothing area, retrieve clean clothing room and an incontinent brief hallway as the bathroom door losed.					
	disabilities profession verified staff should privacy by closing the	with the qualified intellectual mal, conducted on 5/30/18, have protected client #1's he bathroom door during					
	toileting and person	ai udie.					

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.

STATEMENT (	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY		
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COI	MPLETED	
		34G119	B. WING		0	5/30/2018	
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE			
WENDOV	ER HOME			31 OLD PARK ROAD IAIDEN, NC 28650			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
W 247	Continued From page CFR(s): 483.440(c)(6		W 247				
	Based on observation interview, the facility of residing in the home of provided opportunities management relative findings are: Observations in the g 7:00 AM through 8:15 preparing grits, toast, and orange juice in the meal. Staff were also processor to process #2 and client #6. Exa activities completed b from cabinet, getting refrigerator, putting be stirring food items. C revealed staff prepari kitchen, placing items individual plate for ea food and drink items to observed assisting wi processing or carrying table. Review of the record	t choice and not met as evidenced by: n, record review and failed to ensure 5 of 6 clients (#1, #2, #4, #5 and #6) were s for choice and self to meal preparation. The roup home on 5/30/18 from 5 AM revealed staff cereal, oatmeal, a waffle te kitchen for the breakfast o observed operating a food various food items for client amples of meal preparation by staff included getting pans butter and jelly from the read slices in the toaster and ontinued observations ng each clients meal in the					
	dated 1/8/18 which in Inventory (ABI) dated	cluded an Adaptive Behavior 1/20/18. Review of the ABI client #1 was able to om a small pitcher,					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 06/04/2018 // APPROVED ). 0938-0391
STATEMENT OF DEFICIENCIES (X1) F		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· <i>`</i>		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G119	B. WING			_	05/	30/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WENDOV	ER HOME				31 OLD PARK ROAD IAIDEN, NC 28650			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 247	independently. Review of the record	2 ate utensil for different foods for client #2, conducted on CP dated 12/12/17 which	W	247				
	included an ABI also of the ABI assessment in to pour from a small p from a bowl or platter	dated 12/12/17. Review of ndicated client #2 was able pitcher and serve himself with partial independence, table and choosing the						
	revealed a person cer dated 9/28/17 which i behavior inventory (A assessment dated 2/ was capable of pourir partial independence, platter with partial ind	for client #4 on 5/30/18 ntered plan plan (PCP) ncluded a current adaptive BI). Review of the ABI 11/18 indicated the client ng from a small pitcher with serving self from a bowl or ependence and using the r different foods with total						
	revealed a person cer dated 3/2/18 which in behavior inventory (A assessment updated was capable of pourir total independence, s platter with partial ind	for client #5 on 5/30/18 htered plan plan (PCP) cluded a current adaptive BI). Review of the ABI 4/23/18 indicated the client ng from a small pitcher with erving self from a bowl or ependence and using the r different foods with total						
	revealed a person cer dated 4/10/18 which i	for client #6 on 5/30/18 ntered plan plan (PCP) ncluded a current adaptive BI). Review of the ABI						

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		· · ·	PLETED
		34G119	B. WING		05	/30/2018
NAME OF P	ROVIDER OR SUPPLIER		STI	REET ADDRESS, CITY, STATE, ZIP COD	E	
WENDOV	ER HOME			1 OLD PARK ROAD AIDEN, NC 28650		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
W 247	was capable of pourin total independence, s platter with partial ind	e 3 3/23/18 indicated the client ng from a small pitcher with serving self from a bowl or lependence and using the r different foods with partial	W 247			
W 249	professional (QIDP) of client's in the home w meal preparation at s further verified all clies should be given the of individual food choice aspects of meal prep- each meal.		W 249			
	each client must rece treatment program co interventions and ser and frequency to sup	ndividual program plan, ive a continuous active				
	Based on observatio interview, the team fa					

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 06/04/2018 MAPPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION		(X3) DATE	
		34G119	B. WING			_	05/	30/2018
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
WENDOV	ER HOME				31 OLD PARK ROAD IAIDEN, NC 28650			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	<ul> <li>interventions to addres client #4. For example</li> <li>Observations in the g</li> <li>8:00 AM during the brit #4 to sit at the dining bring client #4 a plate bite size pieces. Client the fork provided by swith no condiments or onto his toast. Contine breakfast meal reveal no assistance from st</li> <li>Review of the record revealed a person cere 9/28/17. Further revie current program object knife to spread condimindependent for two corperiods.</li> <li>Interview with the quar professional (QIDP) or should have been offer condiment choice at her the QIDP further verifobjective to address stremains current.</li> <li>B. The team failed to interventions to addres client #5. For example</li> <li>Observations in the g</li> <li>8:05 AM during the brit #5 to sit at the dining bring client #5 a plate</li> </ul>	ess the dining skill needs for le: roup home on 5/30/18 at reakfast meal revealed client table and a staff member to of grits and toast cut into int #4 was observed to use staff to eat his cut up toast ffered to client #4 to spread nued observations during the led client #4 to self feed with aff. for client #4 on 5/30/18 intered plan (PCP) dated ew of the PCP revealed a ctive for client #4 to use a ments on bread being 85% consecutive progress alified intellectual disabilities on 5/30/18 verified client #4 ered a knife and a his morning meal with toast. fied the client's dining spreading with a knife assure sufficient ess the dining skill needs for		249				

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 06/04/2018 M APPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		34G119	B. WING		05	/30/2018
NAME OF PI	ROVIDER OR SUPPLIER		ST	TREET ADDRESS, CITY, STATE, ZIP COD		
WENDOVI	ER HOME			31 OLD PARK ROAD AIDEN, NC 28650		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
W 249	staff. Client #5 was o onto his toast and be spread the jelly over h was provided by staff revealed client #5 to e to tear his waffle into mouth. Client #5 was toast whole without sy toast. Review of the record revealed a PCP dated the PCP revealed a c client #5 to cut with a independent for two c periods. Interview with the QID #5 should have been breakfast meal. The client's dining objectiv knife remains a curren C. The team failed to interventions to addre client #6. For exampl Observations in the g 8:15 AM revealed clie table. Staff was obse shirt protector and ret client #6 his meal com plated on a divided di Continued observatio client #6 a juice beven measured cup with ar Review of the record	bbserved to squeeze jelly verbally prompted by staff to his toast with a spoon that . Continued observation eat his meal using his hands pieces that he put into his a further observed to eat his preading the jelly over the for client #5 on 5/30/18 d 3/2/18. Further review of urrent program objective for knife, being 85% consecutive progress OP on 5/30/18 verified client offered a knife with his QIDP further verified the ve to address cutting with a nt objective for client #5. o assure sufficient ess the dining skill needs for le: roup home on 5/30/18 at ent #6 to sit at the kitchen erved to bring client #6 a furn to the kitchen to bring histing of grits and toast sh in pureed consistency. n revealed staff to also bring rage in a two handled	W 249			

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIPLE C			10. 0938-039 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		· · ·	MPLETED
		34G119	B. WING		0	5/30/2018
NAME OF P	ROVIDER OR SUPPLIER		STE	REET ADDRESS, CITY, STATE, ZIP CODI	E	
WENDOV	ER HOME			I OLD PARK ROAD NIDEN, NC 28650		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
W 249	the PCP revealed a c client #6 to set his pla objects (plate, cup, s independence for two periods. Additional m revealed a self serve will serve himself out 95% independence for periods. Interview with the QII #6 should have been set his place setting a participate in self ser his plate as both dini remain current. DRUG ADMINISTRA CFR(s): 483.460(k)(4 The system for drug that clients are taugh medications if the int determines that self- is an appropriate obje does not specify other This STANDARD is Based on observatio interview, the facility' administration failed client was provided of self-administration of finding is:	current program objective for ace setting using actual ilverware) with 85% o consecutive progress eview of program objectives objective indicating client #6 of his personal bowls with or two consecutive progress DP on 5/30/18 verified client offered the opportunity to at the breakfast table and to ving his breakfast items to ng objectives for client #6 TION 4) administration must assure it to administer their own erdisciplinary team administration of medications ective, and if the physician erwise. not met as evidenced by: on, record review and s system for drug to assure 1 non-sampled with teaching related to i medication (client #1). The cation administration for	W 249			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	0: 06/04/2018 1 APPROVED 0. 0938-0391	
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
		34G119	B. WING		_	05/	30/2018	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE			
WENDOV	ER HOME		-	31 OLD PARK ROAD MAIDEN, NC 28650				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 371	medications and was the medication admin was then observed to mg., Klonopin 1 mg., mg., Trileptal 300 mg Abilify 30 mg., Caltrat mg. and Miralax powe observation of the me client #1 revealed sta all medications from t staff did not provide of teaching related to the he was taking, the pu prescribed or any pose Interview with the nur verified staff should h the name of each me	assisted by staff to enter istration area. Client #1 or receive Gabapentin 300 Colace 100 mg., Enalapril 5 ., Inderal LA 60 mg. ER, the with vitamin D 600/400 der 17 grams. Continued edication administration for ff assisted client #1 to punch the bubble pack, however, elient #1 with information or the name of the medications rpose for which they were	W 371					

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