PRINTED: 06/08/2018 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  LAKEWOOD  STREET ADDRESS, CITY, STATE, ZIP CODE  554 RIDGE LANE WILKESBORO, NC 28697  WILKESBORO, NC 28697    CALL DEPICIENCY MILST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX     TAG   PROVIDER'S PLANE OF CORRECTION   PROPRIET OF THE APPROPRIATE			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE   S4 RIDGE LANE   WILKESBORO, NC 28697	34G229		B. WING _		06/	06/06/2018	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  W 153  STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(2)  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.  This STANDARD is not met as evidenced by: Based on facility document review and interview, the facility failed to ensure all allegations of potential abuse/neglect were reported to the administrator immediately for 1 of 1 investigations reviewed. The finding is:  Review of the facility's abuse/neglect investigation started on 10/10/17 and completed on 10/13/17. Review of the investigation revealed on 10/10/17 at 4:30 PM, the qualified intellectual disabilities professional (QIDP) received a call from the local department of social services (DSS) advising they had started an abuse allegation investigation because they had received a report of staff to client physical abuse. Continued review of the facility investigation revealed the facility started an					554 RIDGE LANE	·	
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and/or Staff B had pinched or pulled the hair of client #1. Further review of the facility investigation revealed DSS received a report related to Staff A abusing client #1 and during the process of the facility investigation another allegation developed related to Staff B abusing client #1. Both staff members were suspended immediately. The facility investigation did not result in a finding of abuse or mistreatment.		CFR(s): 483.420(d)  The facility must en mistreatment, negle injuries of unknown immediately to the a officials in accordar established procede  This STANDARD is Based on facility do the facility failed to potential abuse/negadministrator immereviewed. The find Review of the faciliti investigations on 6/started on 10/10/17 Review of the invest at 4:30 PM, the quaprofessional (QIDP department of social had started an abus because they had relient physical abus facility investigation investigation on 10/and/or Staff B had polient #1. Further reinvestigation reveal related to Staff A abprocess of the facilial allegation developed client #1. Both staff immediately. The firesult in a finding of	sure that all allegations of ect or abuse, as well as a source, are reported administrator or to other nee with State law through ures.  Is not met as evidenced by: occument review and interview, ensure all allegations of glect were reported to the diately for 1 of 1 investigations ing is:  (by's abuse/neglect of 15/18 revealed an investigation and completed on 10/13/17. Stigation revealed on 10/10/17 alified intellectual disabilities of received a call from the local all services (DSS) advising they see allegation investigation eceived a report of staff to be eceived a report of staff to be eneveled the facility started and 10/17 to determine if Staff A coinched or pulled the hair of eview of the facility ed DSS received a report outsing client #1 and during the latty investigation another and related to Staff B abusing from members were suspended acility investigation did not fabuse or mistreatment.				

(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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G229	B. WING _		06/	06/2018
NAME OF PROVIDER OR SUPPLIER  LAKEWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE  554 RIDGE LANE  WILKESBORO, NC 28697		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
W 153	documentation revereport completed of which occurred on incident/accident reassisting client #1 vidirect care staff per client #1's upper rig documentation reverperson asked the cand the client indicaname." Continued documentation reverontified on 10/9/18 were documented.	of the facility investigation realed an incident/accident in 10/10/18 for an incident 10/9/18 at 7:00 AM. The report indicated that while with bathing and dressing, a reson discovered a bruising on the staff did it, but gave no review of the report realed the home manager was and no other staff notifications unlified intellectual disabilities	W 15	3		
W 331	professional and the facility administrator on 6/6/14 confirmed they were first made aware of the allegation when DSS called the facility to report the start of their investigation. Therefore, the staff failed to immediately report an allegation of abuse to the facility administrator resulting in a one day delay in the start of the investigation. NURSING SERVICES CFR(s): 483.460(c)  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on observation, facility document review and interview, nursing services failed to assure staff were adequately trained to notify nursing of client incidents/injuries in a timely manner for 2 of 3 sampled clients (#1 and #6). The findings are:		W 33	1		

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NAME OF PROVIDER OR SUPPLIER  LAKEWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 554 RIDGE LANE WILKESBORO, NC 28697	, 50	00,2010
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W 331	staff were adequate bruised area for click review of facility in revealed an incider 10/10/17 for bruisin arm which was disc. AM. Review of the documentation revidiscovered the bruiwith bathing/dressi incident report did was notified until 10 report revealed nur 10/10/17 and the nindicated two small right arm area. Thincluded as part of investigation docur Interview with nurs that nursing service until 10/10/18 and should have notifie following the discording the dis	es failed to assure direct care ely trained to notify nursing of a ent #1. Examples include:  Icident reports on 6/5/18 Int report completed on any on client #1's upper right covered on 10/9/17 at 7:00 Incident/accident report ealed direct care staff ising while assisting the client any. Continued review of the mot indicate nursing services 10/10/17. Further review of the raing assessed the client on ursing documentation I bruises on the client's upper is incident report was also a facility abuse/neglect mentation.  In staff on 6/6/18 confirmed the same as not notified of this injury confirmed group home staff donursing services immediately	W 33	1		

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  LAKEWOOD			STREET ADDRESS, CITY, STATE, ZIP COD 554 RIDGE LANE WILKESBORO, NC 28697			
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#6 was then observed knees on the concrivations on the concrivation wooding tulip in an an an increased risk of gait belt has been in interview with the nor written documen regarding the incided during which client the patio. Continue verified all incidents or potential injury to documented and reduce DRUG ADMINISTR CFR(s): 483.460(k). The system for drug that no client self-action or she demonstrate. This STANDARD is Based on observation of the system for drug that no client self-action or she demonstrate. The STANDARD is Based on observation of the system for drug that no client self-act	red to drop forcefully to his rete patio while placing the adjacent flower bed.  d on 6/6/18 with the nurse has been identified as having falls for which the use of a implemented. Further turse revealed no notification tation had been received ent which occurred on 6/5/18 #6 dropped to his knees on ad interview with the nurse involving falls and/or actual oclient #6 should be ported to the nurse.  EATION (6)  g administration must assure diministers medication until he as the competency to do so.  s not met as evidenced by: ion, record review and im for drug administration falls as ampled clients did not dication until demonstrating the so (client #5). The finding is:  Letted on 6/6/18 at 8:15 AM imerging from the medication carrying a plastic medication und substance in her hand. Observed to walk in the bedroom with the cup					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa #6 was then observed whees on the concrition wooding tulip in an  Interview conducted revealed client #6 han increased risk or gait belt has been in interview with the nor written documen regarding the incided during which client the patio. Continue verified all incidents or potential injury to documented and red DRUG ADMINISTR CFR(s): 483.460(k)  The system for drug that no client self-action or she demonstrate  This STANDARD is Based on observation interview, the system for drug that no client self-action or she demonstrate  Observations conducted the system for drug that no client self-action or she demonstrated and reduction of the system for drug that no client self-action or she demonstrated and reduction of the system for drug that no client self-action of the sys	TOOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	A BUILDIE  34G229  B. WING  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  #6 was then observed to drop forcefully to his knees on the concrete patio while placing the wooding tulip in an adjacent flower bed.  Interview conducted on 6/6/18 with the nurse revealed client #6 has been identified as having an increased risk of falls for which the use of a gait belt has been implemented. Further interview with the nurse revealed no notification or written documentation had been received regarding the incident which occurred on 6/5/18 during which client #6 dropped to his knees on the patio. Continued interview with the nurse verified all incidents involving falls and/or actual or potential injury to client #6 should be documented and reported to the nurse.  DRUG ADMINISTRATION  CFR(s): 483.460(k)(6)  The system for drug administration must assure that no client self-administers medication until he or she demonstrates the competency to do so.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure 1 of 3 sampled clients did not self-administer medication until demonstrating the competency to do so (client #5). The finding is:  Observations conducted on 6/6/18 at 8:15 AM revealed client #5 emerging from the medication administration area carrying a plastic medication cup containing a liquid substance in her hand. Client #5 was then observed to walk unsupervised toward her bedroom with the cup	FOORECTION    DENTIFICATION NUMBER:   34G229   B. WING	ROVIDER OR SUPPLIER  34G229  B. WIND  STREET ADDRESS, CITY, STATE, ZIP CODE  54 RIDGE LANE  WILKESBORO, N.C. 28697  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  #6 was then observed to drop forcefully to his knees on the concrete patio while placing the wooding tulip in an adjacent flower bed.  Interview conducted on 6/6/18 with the nurse revealed client #6 has been indemented. Further interview with the nurse revealed on on 6/5/18 during which client #6 dropped to his knees on the patio. Continued interview with the nurse verified all incidents involving falls and/or actual or potential injury to client #6 should be documented and reported to the nurse.  DRUG ADMINISTRATION  The system for drug administration must assure that no client self-administers medication until he or she demonstrates the competency to do so.  This STANDARD is not met as evidenced by: Based on observation, record review and interview, the system for drug administration failed to assure 1 of 3 sampled clients did not self-administer medication until demonstrating the competency to do so client #5. The finding is:  Observations conducted on 6/6/18 at 8:15 AM revealed client #5 emerging from the medication administration area carrying a plastic medication cup containing a liquid substance in her hand. Client #6 was then observed to walk unsupervised toward her bedroom with the cup	

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W 373	home and toss the then observed to a the medication in had spilled it in he observed to enter they were unable stated client #5's trash receptacle in direct care staff at substance in the r (Chlorhexidine gluhad been given by medications to broobservations at 8: manager replaced solution and tooth accompanied clienher teeth.  Review of the rece 6/6/18, revealed prodocumenting client Chlorhexidine glutwice daily for ging record for client # plan (PCP) dated objectives for client improve work behensure privacy an Continued review adaptive behavior which documente independence to parea of self-admin	e cup into the trash. Staff was ask client #5 what happened to the cup and client #5 stated she or bedroom. Staff was then client #5's bedroom and state to locate a spill, however, staff coothbrush was found in the other bedroom. Interview with a that time revealed the liquid medication cup was Peridex acconate) solution that client #5 or staff administering ash her teeth with. Subsequent 20 AM revealed the home of the Chlorhexidine glucconate brush for client #5 and on the staff administering ash her teeth with the constant wit	W 3	373			
	Interview with the home manager present in the home throughout survey observations on the morning of 6/6/18 verified client #5 had been provided with the liquid medication in the current.						

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W 373	which was identified glucconate) solution administering media to take the Peridex her teeth with it. Intunurse on 6/6/18 at #5 had a current ph Chlorhexidine glucceth with twice dail revealed client #5 h competency in self-This interview further medications should	d as Peridex (Chlorhexidine in by direct care staff cations, and given instruction to the bathroom and brush erview conducted with the 11:30 AM further verified client	W 3	73		