STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G219	A. BUILDING _____ B. WING _____	07/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITTLE RIVER GROUP HOME	**4161 NC HWY 127 TAYLORSVILLE, NC 28681**

(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 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the individual program plan (IPP) for 1 of 3 sampled clients (#4) failed to include a recommended communication objective. The finding is: Observations in the group home on 7/16/18 and 7/17/18 revealed client #4 to be mostly non-verbal. On 7/16/18 at 4:25 PM staff was observed offering the client a choice of tactile objects to use and the client was observed to gesture with his hand. Review of the record for client #4 on 7/17/18 revealed an IPP dated 3/3/18 containing six current program objectives, one of which being a communication program. Review of the communication program revealed it was implemented on 4/6/17 and indicated the client was to activate a switch to express the desire to listen to music with 80% accuracy for 3 consecutive review periods. Review of the program progress for the past year revealed client #4 was completing this program with at least 90% accuracy monthly, with no revisions to the program. Continued review of the IPP revealed communication evaluation addendum dated 3/12/18 which indicated the team recommending a "follow-up objective". The	W 227		

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 227	Continued From page 1 evaluation indicated a new objective would be implemented using object symbols to communicate his needs, with the new program being written and implemented "in the next few weeks". Interview with the qualified intellectual disabilities professional on 7/17/18 confirmed the current communication objective had been met for over a year and confirmed a new communication program recommended by the team in March 2018 had not been implemented.	W 227		