

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G144</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/26/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILDCAT GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>208 WILDCAT ROAD DEEP GAP, NC 28618</b>		
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W 227	<p><b>INDIVIDUAL PROGRAM PLAN</b> CFR(s): 483.440(c)(4)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and review of records the person centered plans (PCPs) failed to have objective training to address identified needs in communication skills for 2 of 3 sampled clients #6 and #14. The findings are:</p> <p>A. The PCP dated 3/15/18 for client #6 failed to include objective training to increase expressive communication skills.</p> <p>Observations during the 9/25-9/26/18 survey revealed client #6 to use gestures and facial expressions to indicate wants and needs. Continued observations revealed staff to use verbal and gestural prompts to transition the client to various activities such as leisure activities, washing hands and meal participation. Further observations revealed the client to be cooperative with transitioning to the different activities.</p> <p>Review of the 4/23/18 communication assessment revealed client #6 communicates with others with gestures, signs or pictures and "yes/no". Continued review of the communication assessment revealed the client can produce one and two word phrases verbally but with much effort, indicates wants and needs with non-verbal alternative communication effectively, answers</p>	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	<p>Continued From page 1</p> <p>questions using word approximations or non-verbally and has a strong desire to communicate with others. Review of recommendations included in the 4/23/18 communication assessment revealed the need to explore alternative augmentative communication devices to use so client #6 can continue to be an active participant in communication about himself and others. Additional recommendations revealed staff should acknowledge communication attempts and provide proper language models. Staff should model and encourage gestures, signs, pictures, two choice verbal answers and "yes/no" options in conversations.</p> <p>Interview with the QIDP revealed the client does have a communication device that he is resistant to using and further exploration is scheduled for additional support with identifying an appropriate communication device for client #6. Continued interview with the QIDP, verified by review of the PCP, revealed no objective training to increase the client's expressive communication skills.</p> <p>B. The PCP dated 8/21/18 for client #14 failed to include objective training to increase expressive communication skills.</p> <p>Observations during the 9/25-9/26/18 survey revealed client #14 to use gestures and facial expressions to indicate wants and needs. Continued observations revealed staff to use verbal and gestural prompts to transition the client to various activities such as eat, bathroom, and leisure activities. Further observations revealed the client to be cooperative with transitioning to the different activities.</p>	W 227			

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W 227	Continued From page 2 Review of the 8/28/18 communication update revealed client #14 has a small vocabulary and can sometimes speak in short phrases and can answer basic "yes" and "no" questions. Continued review of the communication update revealed the client makes choices by reaching for an item and expresses emotion/feeling through facial expressions. Interview with the QIDP revealed the client does have some language skills. However, he chooses not to use them. Continued interview with the QIDP, verified by review of the PCP dated 8/28/18, revealed no objective training to increase the client's expressive communication skills.	W 227			
W 440	<b>EVACUATION DRILLS</b> CFR(s): 483.470(i)(1)  The facility must hold evacuation drills at least quarterly for each shift of personnel.  This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to hold evacuation drills on a quarterly basis for the third shift of personnel over the past review year. The finding is:  Review of the facility's fire evacuation drill reports for the 12 months from 9/2017 through 8/2018 revealed for the second quarter of the review year (12/17- 2/17) no evacuation drill was conducted for the third shift of personal. Interview with the qualified intellectual disabilities professional (QIDP), conducted on 9/26/18, verified no evacuation drill for 10/2017 or 6/2018 for any shift was conducted. Further interview with the QIDP verified an evacuation drill for the third shift of personnel was conducted on 9/30/17, 3/31/18	W 440			

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PRINTED: 09/27/2018  
FORM APPROVED  
OMB NO. 0938-0391

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W 440	Continued From page 3 and 8/28/18 for the review year. Therefore, no fire evacuation drill was conducted during the second quarter of the review year.	W 440			
W 475	<p><b>MEAL SERVICES</b> CFR(s): 483.480(b)(2)(iv)</p> <p>Food must be served with appropriate utensils.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and review of records, the team failed to ensure appropriate utensils and adaptive equipment were used for 2 of 3 sampled clients (client #6 and client #14) . The findings are:</p> <p>A. The team failed to ensure client #14 was provided the prescribed adaptive equipment and a complete set of silverware during meals.</p> <p>Observations of the evening meal on 9/25/18 at 6:10 PM and the morning meal on 9/26/18 at 8:40 AM revealed client #14's place setting to include a high sided divided plate, dycem mat and a regular spoon. Continued observations revealed the client was able to feed self with minimal spillage.</p> <p>Review of the records for client #14 on 9/26/18 revealed an 8/21/18 person centered plan (PCP) which prescribed adaptive equipment to include a partition scoop plate and a dycem mat. Continued review of the records revealed an 8/14/17 occupational therapy (OT) assessment recommending the use of a high sided divided dish. Interview with the qualified intellectual disabilities professional (QIDP) verified the discrepancy between the PCP and the OT</p>	W 475			

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W 475	<p>Continued From page 4 assessment.</p> <p>Continued review of the records revealed a 7/20/18 adaptive behavior inventory (ABI). Review of this ABI, substantiated by interview with the QIDP, revealed the client has the ability to use spoon, fork and knife with little spillage. Additional interview with the QIDP verified staff should have provided the client with a full set of silverware during both meals.</p> <p>Therefore, staff failed to show evidence the appropriate adaptive equipment to meet the client's needs was provided and failed to provide a full place setting of utensils in accordance to the client's developmental level.</p> <p>B. The team failed to ensure client #6 was provided the prescribed adaptive equipment.</p> <p>Observations of the evening meal on 9/25/18 at 5:10 PM revealed client #6's place setting to include a shirt protector, coated spoon, high sided divided dish, dycem mat and a flow-trol cup. Continued observations revealed the client was able to feed self with minimal spillage. Subsequent observation on 9/26/18 at 9:00 AM revealed client #6's place setting to include a shirt protector, plastic handled spoon with a regular bowl, a high sided divided dish, dycem mat and a flow-trol cup.</p> <p>Review of the records for client #6 on 9/26/18 revealed a 3/15/18 person centered plan (PCP). Further record review revealed a nutritional assessment dated 2/22/18 which prescribed adaptive equipment to include a maroon spoon, high sided divided dish with inner lip, dycem mat and flow-trol cup. Interview with the QIDP</p>	W 475			

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W 475	Continued From page 5 verified client #6 should have used a maroon spoon at both the dinner and breakfast meals. Further interview with the QIDP verified client #6 did not have a high sided divided dish with an inner lip and adaptive equipment should be furnished as needed and prescribed.	W 475		