PRINTED: 10/17/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G151	B. WING	B. WING		10/	16/2018
	ROVIDER OR SUPPLIER			43	TREET ADDRESS, CITY, STATE, ZIP CODE 809 NC HWY 87 SOUTH AYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG				(X5) COMPLETION DATE
E 006	CFR(s): 483.475(a)(1 [(a) Emergency Plan. and maintain an emer that must be reviewed annually. The plan must have been seen and in facility-based and con assessment, utilizing *[For LTC facilities at on and include a document of the community-based risk all-hazards approach, *[For ICF/IIDs at §483 and include a document of the community-based risk all-hazards approach, (2) Include strategies events identified by the risk amangement of the community-based risk all-hazards approach, *[For Hospices at §4* strategies for address identified by the risk amangement of the community-based risk all-hazards approach. This STANDARD is represented to develop an expectation of the community-based risk all-hazards approach.	The [facility] must develop regency preparedness plan d, and updated at least ust do the following:] Include a documented, munity-based risk an all-hazards approach.* §483.73(a)(1):] (1) Be based umented, facility-based and assessment, utilizing an including missing residents. 8.475(a)(1):] (1) Be based on ented, facility-based and assessment, utilizing an including missing clients. In for addressing emergency the risk assessment. 18.113(a)(2):] (2) Include the sessessment, including the consequences of power ters, and other emergencies hospice's ability to provide that as evidenced by the wand interview, the facility mergency preparedness and based upon a community assessment, utilizing an assessment, utilizing an assessment, utilizing an assessment, utilizing an	E	006			

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		34G151	B. WING _		10/16/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	,
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E 006	Continued From pag		E 0	06	
	plan (undated) revea specific information i and community-base all-hazards approach tornadoes, hurricane				
W 130	revealed she was no had been completed	es Professional (QIDP) It sure if a risk assessment and no risk assessment for was available for review. ELIENTS RIGHTS	W 1	30	
		ure the rights of all clients.			
	Based on observation interview, the facility	not met as evidenced by: ons, record review and staff failed to assure privacy for 1 during personal care. The			
	Staff failed to assist of privacy during bathing	client #5 in maintaining her ng and dressing.			
	7:25am client #5 wal bedroom in a towel v visible. Staff verbally	in the facility on 10/16/18 at ked from the bathroom to the vith part of her hip and leg cued client #5 to walk back get into the shower. Client			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER E LIKE HOME		•	STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	
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W 189	#5 walked into the sh water. Direct care sta shower curtain open anyone who walked it bedroom is directly at Client #1 opened his was fully visible to hir him to stay in his bed showering. After sho the bathroom door op with dressing. Interview on 10/16/18 revealed client #5 get door is closed. She si the home and she was the other clients so shopen. Review on 10/16/18 oprogram plan (IPP) displayed to be program plan (IPP) displayed to be program plan (IPP) displayed to when bathing" Interview on 10/16/18 intellectual disabilities revealed client #5 has prompted to wear this between rooms in the dressing. Further interequires verbal prompand bathroom doors of STAFF TRAINING PROFICE (S): 483.430(e)(1)	ower and staff turned on the ff left the bathroom door and eaving client #5 visible to by the bathroom. Client #1's cross from this bathroom. bedroom door and client #5 in. Direct care staff asked froom until client #5 finished wering, direct care staff left ben while assisting client #5 with direct care staff was in the stated no other staff was in the stated no other staff was in the stated no other staff was in the stated the bathroom door of client #5's individual atted 1/10/18 revealed, "all prompting and assistance in mbing her hair, to close the staff when she is walking a facility during bathing and riview confirmed she of the staff was in the staff was	W 18		

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W 189	employee to perform efficiently, and composition of the second of the se	his or her duties effectively,	W	89	DEFICIENCY)		
	revealed client #5 ge door is closed. She s the home and she was the other clients so s open.	3 with direct care staff ts upset when the bathroom tated no other staff was in as responsible for monitoring the left the bathroom door					
	Review on 10/16/18 (of client #5's individual					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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W 189	"[client #5] needs ve assistance for brush to close the door wh Interview on 10/16/1 intellectual disabilities revealed client #5 haprompted to wear the between rooms in the dressing. Further intellectual staff have been train privacy. Additional in requires verbal promand bathroom doors. 2. Direct care staff cand #5 with cutting unobservations on 10/10/15/18 at 5:25pm, steak, rice and brock were 2 direct care stroom table. Client #8 eating utensils. Her	dated 1/10/18 revealed, rbal prompting and ing teeth, combing her hair, en bathing" 8 with the qualified as professional (QIDP) as a bathrobe and should be is when she is walking e facility during bathing and erview confirmed direct care and to assist client #5 with interview revealed she apting to close the bedroom during bathing and dressing. It did not assist clients #2, #4 ap their food at supper 15/18. Ins of supper at the facility on client #5 served salisbury coli onto her plate. There are fand 5 clients at the dining 5 had a spoon and a fork for meat was not cut. She picked it and ate large pieces off of	W	189			
	experienced much d in her mouth, chewir Several times during to slow her pace of to pack her mouth fu and swallowing. At r observation did direct knife or offer to cut ub. During observation	ifficulty manipulating the food ing and swallowing her food. If the meal staff told client #5 eating however she continued ill and have difficulty chewing to time during this ct care staff offer to provide a					

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rice and broccoli or direct care staff and provided forks and Both clients #2 and forks to cut their me Interview with direct revealed they did in the facility. When a mis-used knives or themselves with the Interview on 10/16/direct care staff shoutensils and assist food at mealtimes. direct care staff has strengths and need 3. Direct care staff formal written training as written. During observation 3:40pm, direct care retrieving her tooth bedroom. Once in the in putting the toand turning on the given verbal cues took about 45 second client to cup her had and rinse her mout bathroom. Review on 10/16/1.	anto their plates. There were 2 d 5 clients at the table. Staff spoons at each placesetting. If #4 used their spoons and eat. At care staff on 10/15/18 and provide knives at meals at asked if any of the clients attempted to injure ese utensils, staff stated, "No." At with the QIDP revealed build provide appropriate clients with cutting up their Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining. Additional interview confirmed we been trained in each clients in the areas of dining.	W 18	9		
	Continued From parice and broccoli or direct care staff and provided forks and Both clients #2 and forks to cut their me Interview with direct revealed they did in the facility. When a mis-used knives or themselves with the Interview on 10/16/direct care staff shoutensils and assist food at mealtimes. direct care staff has strengths and needs. 3. Direct care staff has strengths and needs. 3. Direct care staff formal written training as written. During observation 3:40pm, direct care staff formal written training as written. During observation 3:40pm, direct care staff formal written training as written. Review on 10/16/1. 1/10/18 revealed a	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 rice and broccoli onto their plates. There were 2 direct care staff and 5 clients at the table. Staff provided forks and spoons at each placesetting. Both clients #2 and #4 used their spoons and forks to cut their meat. Interview with direct care staff on 10/15/18 revealed they did not provide knives at meals at the facility. When asked if any of the clients mis-used knives or attempted to injure themselves with these utensils, staff stated, "No." Interview on 10/16/18 with the QIDP revealed direct care staff should provide appropriate utensils and assist clients with cutting up their food at mealtimes. Additional interview confirmed direct care staff have been trained in each clients strengths and needs in the areas of dining. 3. Direct care staff did not implement client #5's formal written training program in toothbrushing as written. During observation on 10/15/18 at the facility at 3:40pm, direct care staff assisted client #5 in retrieving her toothbrushing supplies from her bedroom. Once in the bathroom, staff assisted her in putting the toothpaste on her toothbrush and turning on the water in the sink. She was given verbal cues to brush her upper outside and lower inside teeth surfaces. The toothbrushing took about 45 seconds. Direct care staff told client to cup her hands, put water in her hands and rinse her mouth. There was no cup in the	ROVIDER OR SUPPLIER ELIKE HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 rice and broccoli onto their plates. There were 2 direct care staff and 5 clients at the table. Staff provided forks and spoons at each placesetting. Both clients #2 and #4 used their spoons and forks to cut their meat. Interview with direct care staff on 10/15/18 revealed they did not provide knives at meals at the facility. 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Direct care staff told client to cup her hands, put water in her hands and rinse her mouth. There was no cup in the bathroom. Review on 10/16/18 of client #5's IPP dated 1/10/18 revealed a formal training program for	ROVIDER OR SUPPLIER ELIKE HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL RESOLATORY OR LISC IDENTIFYING INFORMATION) Continued From page 5 rice and broccoli onto their plates. There were 2 direct care staff and 5 clients at the table. Staff provided forks and spoons at each placesetting. Both clients #2 and #4 used their spoons and forks to cut their meat. Interview with direct care staff on 10/15/18 revealed they did not provide knives at meals at the facility. When asked if any of the clients mis-used knives or attempted to injure themselves with these utensils, staff stated, "No." Interview on 10/16/18 with the QIDP revealed direct care staff have been trained in each clients strengths and needs in the areas of dining. 3. 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W 189	objective revealed: 9. Prepare toothbrush 8. brush outer surface 7. Brush outer surface 6. brush chewing surface 5. brush chewing surface 3. brush inside surface 3. brush inside upper 2. Brush tongue 1. rinse mouth Materials: cup, glass, towel Interview on 10/16/18 program for client #5 implemented as writte confirmed direct care to implement this profince in the comprehensive from the	coackwards chaining or of the method for the method for the method for the mesh of the method for the mesh of the supper teeth face lower teeth face upper teeth face upper teeth face upper teeth face upper teeth face lower teeth face lower teeth face lower teeth face upper teet		218			

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W 218	were 2 direct care st room table. Client #5 eating utensils. her rup the piece of meather fork. Her cheeks experienced much din her mouth, chewir Several times during slow her pace of eat pack her mouth full and swallowing. Immediate interview 10/15/18 revealed cl pack her mouth full of difficulty manipulatin swallowing. Further ibeen no choking eprevealed this has no qualified intellectual (QIDP). During observations 7:10am client #5 was a half of a bagel onto 7:12am client #5 and a the table with 1 dir #5 packed a large ar and had great difficuthis food. Staff asked eating. She began to a napkin at her place Immediate interview 10/16/18 revealed cl accelerate her pace large amounts of foothere has not been as	aff and 5 clients at the dining had a spoon and a fork for neat was not cut. She picked and ate large pieces off of were full and she ifficulty manipulating the food and swallowing her food. The meal staff told her to ng however she continued to and have difficulty chewing with direct care staff on itent #5 frequently attempts to of food and that she has go the food into chewing and interview revealed there have isodes. Additional interview is been reported to the disabilities professional in the facility on 10/16/18 at a served cream of wheat and on her plate and bowl. At all one other client were eating ext care staff present. Client mount of food into her cheeks lity chewing and swallowing at her to slow her pace of a cough and spit the food into	W 21				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 218	Continued From page	e 8	w:	218			
	program plan (IPP) d requires more promp passing, drinking, sip while dining. Interview on 10/16/18 client #5 has recently	of client #5's individual ated 1/10/18 revealed she ting with eating, pouring, ping, and use of utensils with the QIDP revealed begun to have difficulty with the mouth, chewing and					
W 227	putting food put into her mouth, chewing and swallowing. Additional interview the team has not considered having client #5 re-evaluated by an Occupational Therapist to determine any physical difficulties she may be experiencing. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4)		W	227			
	objectives necessary as identified by the co	im plan states the specific to meet the client's needs, omprehensive assessment h (c)(3) of this section.					
	Based on observation interview, the team far development of training	ng to address the for 1 of 3 sampled clients					
	10/15/18 at 5:25pm, steak, rice and brocc were 2 direct care sta room table. Client #5	of supper at the facility on client #5 served salisbury oli onto her plate. There aff and 5 clients at the dining had a spoon and a fork for neat was not cut. She picked					

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W 227	her fork. Her cheeks experienced much din her mouth, chewing Several times during slow her pace of eat pack her mouth full and swallowing. Immediate interview 10/15/18 revealed cleak her mouth full difficulty manipulating swallowing. Further been no choking epi revealed this has no qualified intellectual (QIDP). When asked any training for clien "No." During observations 7:10am client #5 was a half of a bagel onto 7:12am client #5 and a the table with 1 dir #5 packed a large and had great difficult this food. Staff asked eating. She began to a napkin at her place Immediate interview 10/16/18 revealed clarge amounts of foot there has not been a interview revealed sinterview re	t and ate large pieces off of were full and she lifficulty manipulating the fooding and swallowing her food. If the meal staff told her to ing however she continued to and have difficulty chewing with direct care staff on lient #5 frequently attempts to of food and that she has go the food into chewing and interview revealed there have sodes. Additional interview to been reported to the disabilities professional doing the team had considered to the the team had considered to the the team had considered to the disabilities professional doing the team had considered to the facility on 10/16/18 at so served cream of wheat and to her plate and bowl. At do one other client were eating frect care staff present. Client mount of food into her cheeks alty chewing and swallowing doing her to slow her pace of the cough and spit the food into	W 22	27			

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W 227	Continued From pag	ge 10	W 2	227			
	any training for clier "Not that I know of."	t #5 in this area, staff stated,					
	program plan (IPP) requires more prom	of client #5's individual dated 1/10/18 revealed she pting with eating, pouring, pping, and use of utensils					
	client #5 has recent putting food put into swallowing. Addition	8 with the QIDP revealed by begun to have difficulty with her mouth, chewing and hal interview revealed the lered developing training to dining needs.					
W 240	INDIVIDUAL PROG CFR(s): 483.440(c)(W 2	240			
		am plan must describe as to support the individual ce.					
	Based on observati interviews, the facili individual program p #5) included relevan	not met as evidenced by: ons, record reviews and ty failed to assure the blans (IPP) for 1 audit client at information needed for staff of eyeglasses. The findings					
	Client #5's IPP's did regarding eyeglasse	not include information es use.					
	vocational program client #5 wore glass	ons in the facility and at the on 10/15/18 and on 10/16/18 es throughout observations.					

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W 240	Continued From pag her glasses to see it		W 2	240		
		of client #5's IPP dated information regarding her				
	ophthalmologist date seen for treatment o treated with antibioti	of a recent visit to the ed 10/2/18 revealed she was f a corneal abrasion and cs three times daily for one mention of use of glasses.				
	revealed they were r needed her glasses	care staff (2) on 10/15/18 not certain whether client #5 for full time use or only when items in closer proximity.				
W 249		es professional (QIDP) eyeglasses use was not	W 2	249		
	As soon as the inter- formulated a client's each client must rec treatment program of interventions and se and frequency to support	disciplinary team has individual program plan, eive a continuous active				
	Based on observation	not met as evidenced by: on, interviews and record ailed to ensure each client				

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W 249	consisting of needed identified in the indivithe areas of dining, paffected 3 of 6 audit findings are: 1. Clients #1, #4 and utensils in conjunction a. During observation 10/15/18 at 5:25pm, steak, rice and brock were 2 direct care stroom table. Client #5 eating utensils. Here up the piece of meather fork. Her cheeks experienced much doin her mouth, chewir Several times during to slow her pace of eto pack her mouth furand swallowing. At mobservation did direct knife or offer to cut up the piece of meather fork. During observation did direct knife or offer to cut up the piece of eto pack her mouth furand swallowing. At mobservation did direct knife or offer to cut up the piece and broccoli ont direct care staff and provided forks and set and provided forkset and provided forks and set and provided forks and set and prov	is active treatment plan interventions and services idual program plan (IPP) in personal care skills. This clients (#2, #4, #5). The if #5 were not provided on with their dining skills. In sof supper at the facility on client #5 served salisbury coli onto her plate. There aff and 5 clients at the dining is had a spoon and a fork for meat was not cut. She picked and ate large pieces off of were full and she ifficulty manipulating the food in and swallowing her food. If the meal staff told client #5 eating however she continued all and have difficulty chewing not time during this care staff offer to provide a supper at the facility ere served salisbury steak, to their plates. There were 2 is clients at the table. Staff poons at each placesetting. He used their spoons and at. care staff on 10/15/18 to provide knives at meals at ked if any of the clients	W 249				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		34G151	B. WING		10/16/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	,	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION	
W 249	Review on 10/16/18 2/3/18 revealed he himself. There was regarding his ability Review on 10/16/18 12/9/17 revealed he eating, pouring, drin not additional inforr use a knife. Interview on 10/16/ intellectual disability revealed clients #1 knive to cut up their appropriate utensils 2. Direct care staff toothbrushing progr During observation 3:40pm, direct care retrieving her tooth bedroom. Once in the rin putting the to and turning on the given verbal cues to lower inside teeth setook about 45 secons	ese utensils, staff stated, "No." B of client #2's IPP dated can independently feed not additional information to use a knife. B of client #4's IPP dated e maintains the skills for nking and sipping. There was mation regarding his ability to 18 with the qualified les professional (QIDP) 4, #4 and #5 can use a butter of food and should be provided is to cut up their food. did not implement client #5's ram as it was written. on 10/15/18 at the facility at e staff assisted client #5 in brushing supplies from her the bathroom, staff assisted bothpaste on her toothbrush water in the sink. She was to brush her upper outside and surfaces. The toothbrushing nds. Direct care staff told	W 24	9		
	client to cup her ha and rinse her mout bathroom. Review on 10/16/18 1/10/18 revealed a toothbrushing that	nds. Direct care stall told nds, put water in her hands h. There was no cup in the 8 of client #5's IPP dated formal training program for was implemented on 1/10/18 a backwards chaining				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G151	B. WING			10/	16/2018
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME				4	TREET ADDRESS, CITY, STATE, ZIP CODE 309 NC HWY 87 SOUTH AYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 249	objective revealed: 9. Prepare toothbrush 8. brush outer surface 7. Brush outer surface 6. brush chewing surf 5. brush chewing surf 4. brush inside surface 3. brush inside upper 2. Brush tongue 1. rinse mouth Materials: cup, glass, towel Interview on 10/16/18 program for client #5 implemented as writte PROGRAM MONITO CFR(s): 483.440(f)(3) The committee should monitor individual proinappropriate behavior in the opinion of the occlient protection and respecially constituted of Human Rights Committee in the plans (BSP) for 2 of 3 The findings are:	es upper teeth es lower teeth face lower teeth face upper teeth e lower teeth teeth toothbrush, toothpaste and with the QIDP revealed this is current and should be en. RING & CHANGE (i) d review, approve, and grams designed to manage or and other programs that, ommittee, involve risks to rights. not met as evidenced by: ecords and interview, the committee, known as the ittee (HRC), failed to monitor behavior support e sampled clients (#4, #5).		249			
		ew, approve and monitor the ans for 2 of 3 audit clients.					

1 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G151	B. WING			10/	16/2018
	NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 262		e 15 18 of client #4's behavior P) dated 3/1/18 revealed this	W	262			
	program targeted the aggression, physical	following behaviors: verbal					
		of a medication pass on ceived Seroquel 20mg. (1) at					
	Review on 10/16/18 of his physician orders dated 6/23/18 revealed a physician order for Seroquel 20mg. (1). Review on 10/15/18 of the HRC minutes dated 6/29/18 and 9/27/18 revealed no discussion of client #4's BSP.						
		of the informed consent for aled no signature from the					
	revealed there was n	s professional (QIDP) o documentation of the 4's BSP in the HRC minutes					
	10/31/16 revealed a	8 of client #5's BSP dated program that targeted verbal destruction and physical					
	During observations of administration pass of received Haldol 10mg 25mg. (1).						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G151	B. WING			10/	16/2018
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			43	TREET ADDRESS, CITY, STATE, ZIP CODE 809 NC HWY 87 SOUTH AYETTEVILLE, NC 28306			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 262	Continued From page Interview on 10/16/18	e 16 B with the QIDP confirmed	W	262			
	Review on 10/15/18 of	mplementation of her BSP. of the HRC minutes dated					
	client #5's BSP.	revealed no discussion of					
		of the informed consent for led no signature from the					
	there was no docume	with the QIDP revealed entation of the discussion of HRC minutes on 6/29/18					
W 312	DRUG USAGE CFR(s): 483.450(e)(2	2)	W:	312			
	must be used only as client's individual pro- specifically towards the	ol of inappropriate behavior an integral part of the gram plan that is directed ne reduction of and eventual aviors for which the drugs					
	Based on observation interview, the facility of for the control of inappused only as an integration of the Support Plan (BSP) of reduction or elimination	on of behaviors for which the I. This affected 1 of 3 audit					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		34G151	B. WING _			10/	16/2018
	NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			4	TREET ADDRESS, CITY, STATE, ZIP CODE 309 NC HWY 87 SOUTH AYETTEVILLE, NC 28306		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE
W 312	Continued From page	e 17	w s	312			
		pic medication was not dual program plan (IPP) or					
	10/31/16 revealed thi aggression, property	of client #5's BSP dated s program targeted verbal destruction and physical eview revealed there were cations listed in this					
		of client #5's IPP dated use of Seroquel and Haldol ner IPP.					
	During observations of administration pass of #5 received Haldol 10 Seroquel 25mg. (1).	n 10/16/18 at 9:40am, client					
W 369	client #5 receives Hal conjunction with the in Further interview con	mplementation of her BSP. firmed the use of these ncluded in client #5's IPP	W	369			
	that all drugs, includir	administration must assure ng those that are administered without error.					
	Based on observatio interviews, the facility	not met as evidenced by: ns, record review and failed to ensure all ministered without error.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	COMP	(X3) DATE SURVEY COMPLETED		
	34G151	B. WING		10/	16/2018		
PLIER			4309 NC HWY 87 SOUTH	•			
DEFICIENCY MUST	FBE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
3 of 6 clients eiving medical administer management of administer management of a administer management of a administer of the formula of the angular of the	edications as ordered by the physician. The facility on 10/16/18 sabilities professional solutions to razole 20 mg. (1), a Plus 8.6 mg. (1). Physician orders dated ed the following esam: Omeprazole 20 1), Senna Plus 8.6 mg. The facility on 10/16/18 following medications or provided the following (1), to cach eye were m. The facility on 10/16/18 following (1), Toprol (1), Cogentin 1mg. (1). The facility on 10/16/18 following (1), Toprol	W 369	9				
The consists of an expension of a constant of the constant of	rom page 18 I 3 of 6 clients beiving medical prescribed by the pre	MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL ATORY OR LSC IDENTIFYING INFORMATION) From page 18 13 of 6 clients (#1, #4 and #5) Deliving medications. The findings To administer medications as ordered the prescribed by the physician. Servations in the facility on 10/16/18 Intellectual disabilities professional Inistered the following medications to 10am: Omeprazole 20 mg. (1), mg. (1), Senna Plus 8.6 mg. (1). 10/16/18 of the physician orders dated Ident #4 revealed the following are ordered at 8am: Omeprazole 20 Intadine 1 mg. (1), Senna Plus 8.6 mg. 10-16/18 of the following medications are ordered at 8am: Omeprazole 20 Intellectual of the following medications are ordered at 8am: Omeprazole 20 Intellectual of the following medications are ordered at 8am: Omeprazole 20 Intellectual of the following medications are ordered at 8am: Seroquel 100mg. (1), Ing. (1), Lanoxin 0/125mg. (1), Ing. (1), Hydroxyzine 25 mg. (1). 10/16/18 of the physician orders for and 6/26/18 revealed the following are ordered at 8am: Seroquel Aspirin 81 mg. (1), Lanoxin 0/125mg. 10mg. (1), Colace 100mg. (1), 10mg. (1), Lisinopril 20mg. 91),	PLIER MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL STORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	PLIER STREET ADDRESS, CITY, STATE, ZIP COL 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306 DEFICIENCY MUST BE PRECEDED BY FULL NTORY OR LSC IDENTIFYING INFORMATION) TOM page 18 13 of 6 clients (#1, #4 and #5) Deliving medications. The findings Diadminister medications as ordered the prescribed by the physician. Servations in the facility on 10/16/18 intellectual disabilities professional nistered the following medications to 1:10am: Omeprazole 20 mg. (1), mg. (1), Senna Plus 8.6 mg. (1). Di/16/18 of the physician orders dated lient #4 revealed the following are ordered at 8am: Omeprazole 20 tadine 1 mg. (1), Senna Plus 8.6 mg. Servations in the facility on 10/16/18 ministered the following medications to 1:02am: Seroquel 200mg. (1), g. (1), Lanoxin 0/125mg. (1), Toprol clace 100mg (1), Cogentin 1 mg. (1), mg. (1), Hydroxyzine 25 mg. (1), drops (1) drop to each eye were 1 later at 9:50am. Di/16/18 of the physician orders for ed 6/26/18 revealed the following are ordered at 8am: Seroquel Aspirin 81 mg. (1), Lanoxin 0/125mg. Dimg. (1), Colace 100mg (1),	PLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4399 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306 MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY PULL TORY OR LSC IDENTIFYING INFORMATION) TORM page 18 13 of 6 clients (#1, #4 and #5) PREFIX TOWN page 18 13 of 6 clients (#1, #4 and #5) PREFIX TOWN page 18 13 of 6 clients (#1, #4 and #5) PREFIX TOWN page 18 14 of 6 clients (#1, #4 and #5) PREFIX TOWN page 18 15 of 6 clients (#1, #4 and #5) PREFIX TOWN page 18 16 of clients (#1, #4 and #5) PREFIX TOWN page 18 17 of Clients (#1, #4 and #5) PREFIX TOWN page 18 18 of 6 clients (#1, #4 and #5) PREFIX TOWN page 18 19 of Clients (#1, #4 and #5) PREFIX TOWN page 18 19 of Clients (#1, #4 and #5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 I D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 W 369 W 369 W 369 W 369 W 369 I D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 W 369 I D PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 W 369 I D PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 I D PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 I D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 369 I D PROVIDER'S PLAN OF CARCH TAG PREFIX TAG PROVIDER'S PLAN OF CARCH TAG P		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		34G151	B. WING _		,	10/16/2018	
	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CO 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306			
(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 ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 369	to client #5 at 9:40am Rantidine 150mg. (1), Ferrous Sulfate 325m Benzotropine 20mg. (Seroquel 25mg. (1). Review on 10/16/18 or client #1 dated 6/26/1 medications are order vitamins (1), Rantiding 330mg. (1), Ferrous SNewdexta 20/10 (1), Haldol 10mg. (1) and Interview on 10/16/18 facility policy regarding requires that medication hour before or no later physician orders thes interview confirmed the summer of the summe	c: One a day vitamins (1), Levocarnitine 330mg. (1), Ig. (1), Newdexta 20/10 (1), I), Haldol 10mg. (1) and of the physician orders for 8 revealed the following red at 8am: One a day e 150mg. (1), Levocarnitine Sulfate 325mg. (1), Benzotropine 20mg. (1), Seroquel 25mg. (1). with the QIDP revealed the g medication administration ions are administered an er than one hour after a e medications. Further	Wa	69			