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 _			10/16/2018	
	ROVIDER OR SUPPLIER E LIKE HOME			STREET ADDRESS, CITY, STATE 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 28306	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION 'E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		
E 006	[(a) Emergency Plar and maintain an em that must be review annually. The plan r (1) Be based on and facility-based and coassessment, utilizing *[For LTC facilities a on and include a docommunity-based riall-hazards approact *[For ICF/IIDs at §48 and include a docum community-based riall-hazards approact (2) Include strategies events identified by the risk management of the failures, natural disa	azards Risk Assessment (1)-(2) a. The [facility] must develop ergency preparedness plan ed, and updated at least must do the following:] I include a documented, ommunity-based risk g an all-hazards approach.* It §483.73(a)(1):] (1) Be based cumented, facility-based and sk assessment, utilizing an h, including missing residents. 33.475(a)(1):] (1) Be based on mented, facility-based and sk assessment, utilizing an h, including missing clients. Bes for addressing emergency the risk assessment. 418.113(a)(2):] (2) Include ssing emergency events assessment, including the consequences of power sters, and other emergencies in hospice's ability to provide	EC		CIENCY)		
	Based on record re failed to develop an (EP) plan including and facility-based ris all-hazards approac	not met as evidenced by: view and interview, the facility emergency preparedness and based upon a community sk assessment, utilizing an h. The finding is: ave an emergency plan					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DAT

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.

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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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) t sure if a risk assessment and no risk assessment for was available for review. LIENTS RIGHTS	W 1:	30		
		ure the rights of all clients. must ensure privacy during f personal needs.				
	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 g 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				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		E SURVEY PLETED
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W 130	water. Direct care starshower curtain open anyone who walked to bedroom is directly at Client #1 opened his was fully visible to hir him to stay in his bed showering. After show the bathroom door op with dressing. Interview on 10/16/18 revealed client #5 ged door is closed. She sign the home and she was the other clients so slopen. Review on 10/16/18 opened were for brushing teeth, condoor 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 PR CFR(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 iven while assisting client #5 with direct care staff was in its responsible for monitoring the left the bathroom door of client #5's individual ated 1/10/18 revealed, "all prompting and assistance in mbing her hair, to close the with the qualified is professional (QIDP) is a bathrobe and should be so when she is walking a facility during bathing and rview confirmed she ofting to close the bedroom during bathing and dressing. ROGRAM	W 13			

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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W 189	This STANDARD is a Based on observation failed to ensure all staperform their duties e 3 audit clients (#2, #4 1. Direct care staff did privacy as indicated in plan (IPP). During observations in 7:25 am client #5 walk bedroom in a towel we wisible. Staff verbally to the bathroom and in the state of the bathroom is directly as shower curtain open anyone who walked it bedroom is directly as Client #1 opened his was fully visible to him him to stay in his bed showering. After show the bathroom door op with dressing. Interview on 10/16/18 revealed client #5 get	his or her duties effectively, etently. not met as evidenced by: ns and interviews, the facility aff were sufficiently trained to efficiently. This affected 3 of (1, #5). The findings are: If not assist client #5 with the her individual program In the facility on 10/16/18 at ead from the bathroom to the eith part of her hip and leg cued client #5 to walk back get into the shower. Client ower and staff turned on the eff left the bathroom door and eaving client #5 visible to be only the bathroom. Client #1's cross from this bathroom. bedroom door and client #5 in. Direct care staff asked from until client #5 finished wering, direct care staff left then while assisting client #5 in with direct care staff is upset when the bathroom	W 1		SENCT		
	the home and she wa the other clients so sl open.	tated no other staff was in as responsible for monitoring ne left the bathroom door of client #5's individual					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	l\ /	E SURVEY PLETED
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W 189	"[client #5] needs vassistance for brusto close the door was interview on 10/16/intellectual disabilit revealed client #5 in prompted to wear to between rooms in the dressing. Further in staff have been traingrivacy. Additional requires verbal propand bathroom door 2. Direct care staff and #5 with cutting observations on 10 a. During	dated 1/10/18 revealed, rerbal prompting and hing teeth, combing her hair, hen bathing" 1/18 with the qualified ies professional (QIDP) has a bathrobe and should be his when she is walking the facility during bathing and offerview confirmed direct care ined to assist client #5 with interview revealed she mpting to close the bedroom is during bathing and dressing. 1/16 did not assist clients #2, #4 up their food at supper 1/15/18. 1/15/1	W 18	39		
	knife or offer to cut b. During observati	ect care staff offer to provide a up her meat. ons of supper at the facility vere served salisbury steak,				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION		ATE SURVEY OMPLETED
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W 189	direct care staff and provided forks and a Both clients #2 and forks to cut their med Interview with direct revealed they did not the facility. When as mis-used knives or themselves with the Interview on 10/16/direct care staff shoutensils and assist of food at mealtimes. A direct care staff have strengths and need 3. Direct care staff formal written training as written. During observation 3:40pm, direct care retrieving her toother bedroom. Once in the rin putting the to and turning on the vigiven verbal cues to lower inside teeth stook about 45 second client to cup her half	to their plates. There were 2 I 5 clients at the table. Staff spoons at each placesetting. #4 used their spoons and eat. It care staff on 10/15/18 of provide knives at meals at sked if any of the clients attempted to injure ese utensils, staff stated, "No." It with the QIDP revealed hold provide appropriate clients with cutting up their Additional interview confirmed the been trained in each clients in the areas of dining. It did not implement client #5's and program in toothbrushing on 10/15/18 at the facility at staff assisted client #5 in orushing supplies from her the bathroom, staff assisted othpaste on her toothbrush water in the sink. She was obrush her upper outside and urfaces. The toothbrushing ands. Direct care staff told ands, put water in her hands	W 1	189		
	bathroom. Review on 10/16/18 1/10/18 revealed a	n. There was no cup in the B of client #5's IPP dated formal training program for was implemented on 1/10/18				

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W 189	objective revealed: 9. Prepare toothbrus 8. brush outer surfac 7. Brush outer surfac 6. brush chewing sur 5. brush chewing sur 4. brush inside surfac 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 writt confirmed direct care to implement this pro INDIVIDUAL PROGE CFR(s): 483.440(c)(3) The comprehensive include sensorimotor This STANDARD is Based on observation interview, the compre assessment for 1 of 3 failed to include assed development. The fin During observations 10/15/18 at 5:25pm,	backwards chaining or of the method for the hes upper teeth face lower teeth face lower teeth face upper teeth be 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 teeth		218			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED
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W 218	were 2 direct care st room table. Client #5 eating utensils. her nup the piece of meather fork. Her cheeks experienced much din her mouth, chewin Several times during slow her pace of eatipack her mouth full and swallowing. Immediate interview 10/15/18 revealed clipack her mouth full of difficulty manipulating swallowing. Further in been no choking eprevealed this has not 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 din #5 packed a large ar and had great difficulthis food. Staff asked eating. She began to a napkin at her place 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 fficulty manipulating the food g and swallowing her food. the meal staff told her to ng however she continued to and have difficulty chewing with direct care staff on lent #5 frequently attempts to a food and that she has g the food into chewing and interview revealed there have sodes. Additional interview is been reported to the disabilities professional with the facility on 10/16/18 at a served cream of wheat and the plate and bowl. At a lone other client were eating lect care staff present. Client mount of food into her cheeks lity chewing and swallowing a her to slow her pace of a cough and spit the food into	W 21	8		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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W 218	Continued From page QIDP.	e 8	w:	218			
	program plan (IPP) da requires more prompt	of client #5's individual ated 1/10/18 revealed she ting with eating, pouring, ping, and use of utensils					
W 227	client #5 has recently putting food put into h swallowing. Additional considered having clie	AM PLAN	w:	227			
	objectives necessary as identified by the co	m plan states the specific to meet the client's needs, omprehensive assessment n (c)(3) of this section.					
	Based on observatio interview, the team fa development of training	iled to consider the ng to address the or 1 of 3 sampled clients					
	10/15/18 at 5:25pm, of steak, rice and brocco were 2 direct care staroom table. Client #5	of supper at the facility on client #5 served salisbury oli onto her plate. There off and 5 clients at the dining had a spoon and a fork for eat was not cut. She picked					

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W 227	her fork. Her cheek experienced much in her mouth, chew Several times durin slow her pace of ea pack her mouth full and swallowing. Immediate interview 10/15/18 revealed of pack her mouth full difficulty manipulati swallowing. Further been no choking exprevealed this has nequalified intellectual (QIDP). When asked any training for clies "No." During observation: 7:10am client #5 was a half of a bagel on 7:12am client #5 ar a the table with 1 d #5 packed a large a and had great difficithis food. Staff asked eating. She begand a napkin at her place large amounts of foothere has not been interview revealed stafficed in	at and ate large pieces off of as were full and she difficulty manipulating the fooding and swallowing her food. If the meal staff told her to string however she continued to and have difficulty chewing with direct care staff on client #5 frequently attempts to of food and that she has any the food into chewing and interview revealed there have bisodes. Additional interview of been reported to the disabilities professional and if the team had considered and #5 in this area, staff stated, as served cream of wheat and to her plate and bowl. At and one other client were eating frect care staff present. Client amount of food into her cheeks culty chewing and swallowing and her to slow her pace of to cough and spit the food into	W 2.	27			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
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W 240	"Not that I know of." Review on 10/16/18 of program plan (IPP) dong requires more promping passing, drinking, sip while dining. Interview on 10/16/18 of client #5 has recently putting food put into his swallowing. Additionate and has not consider address client #5's dif INDIVIDUAL PROGRECFR(s): 483.440(c)(6). The individual program relevant interventions toward independence. This STANDARD is a Based on observation interviews, the facility individual program plates included relevant regarding their use of are: Client #5's IPP's did regarding eyeglasses. 1. During observation vocational program of the program	#5 in this area, staff stated, of client #5's individual ated 1/10/18 revealed she ting with eating, pouring, ping, and use of utensils 8 with the QIDP revealed begun to have difficulty with the mouth, chewing and all interview revealed the ered developing training to ming needs. RAM PLAN (5)(i) Implan must describe to support the individual e. Interview revealed by: Interview revealed the ered developing training to ming needs. RAM PLAN (5)(ii) Implan must describe to support the individual e. Interview revealed by: Interview revealed the ered developing training to ming needs.		2240			
W 240	swallowing. Additional team has not consider address client #5's display address client #5's display address client #5's display address client #5's display address client #5's 483.440(c)(6). The individual program relevant interventions toward independence. This STANDARD is a Based on observation interviews, the facility individual program play included relevant regarding their use of are: Client #5's IPP's did regarding eyeglasses. 1. During observation vocational program of client #5 wore glasses.	al interview revealed the ered developing training to ning needs. RAM PLAN (i)(i) In plan must describe to support the individual e. In the facility and at the ered developing training to ning needs. In the facility and at the ered developing training to ning needs. In the facility and at the	W	240			

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W 240	Continued From pag		W 24		
W 249	Review on 10/16/18 1/10/18 revealed no use of eyeglasses. Review on 10/16/18 ophthalmologist data seen for treatment of treated with antibioti week. There was no Interview with direct revealed they were in needed her glasses she needed to view Interview on 10/16/1 intellectual disabilities revealed client #5's included in her IPP. PROGRAM IMPLEM CFR(s): 483.440(d)() As soon as the interformulated a client's each client must rect treatment program of interventions and se and frequency to su objectives identified plan. This STANDARD is Based on observation.	of client #5's IPP dated information regarding her 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. care staff (2) on 10/15/18 not certain whether client #5 for full time use or only when items in closer proximity. 8 with the qualified es professional (QIDP) eyeglasses use was not MENTATION 1) disciplinary team has individual program plan, eive a continuous active	W 24		

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W 249	consisting of neede identified in the indi the areas of dining, affected 3 of 6 audi findings are: 1. Clients #1, #4 and utensils in conjunction a. During observation 10/15/18 at 5:25pm steak, rice and brook were 2 direct care is room table. Client # eating utensils. Her up the piece of mean her fork. Her cheek experienced much of in her mouth, chewing Several times during to slow her pace of to pack her mouth from and swallowing. At observation did direct wife or offer to cut. b. During observation did direct care staff and provided forks and Both clients #2 and #4 wrice and broccoli on direct care staff and provided forks and Both clients #2 and forks to cut their means after the interview with direct revealed they did not the interview	d interventions and services vidual program plan (IPP) in personal care skills. This t clients (#2, #4, #5). The d #5 were not provided on with their dining skills. ons of supper at the facility on client #5 served salisbury scoli onto her plate. There staff and 5 clients at the dining for meat was not cut. She picked at and ate large pieces off of sewere full and she difficulty manipulating the fooding and swallowing her food. If the meal staff told client #5 eating however she continued all and have difficulty chewing no time during this ext care staff offer to provide a sup her meat. Ons of supper at the facility ere served salisbury steak, to their plates. There were 2 is 5 clients at the table. Staff spoons at each placesetting. #4 used their spoons and eat.	W 249			

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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 se	ese utensils, staff stated, "No." 3 of client #2's IPP dated can independently feed not additional information	W 24			
	and rinse her mout bathroom. Review on 10/16/18 1/10/18 revealed a toothbrushing that	nds, put water in her hands h. There was no cup in the B of client #5's IPP dated formal training program for was implemented on 1/10/18 a backwards chaining				

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W 249	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 PROGRAM MONITO CFR(s): 483.440(f)(3) The committee should monitor individual produce in the opinion of the collent protection and in the opinion of the collen	of the method for the nes upper teeth es lower teeth face lower teeth face upper teeth be lower teeth teeth toothbrush, toothpaste and with the QIDP revealed this is current and should be en. PRING & CHANGE (i) d review, approve, and ograms designed to manage or and other programs that, committee, involve risks to rights. not met as evidenced by: records and interview, the committee, known as the		249			
		ew, approve and monitor the lans for 2 of 3 audit clients.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(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 DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
W 262	support program (E program targeted the aggression, physica non-compliance whe Zyprexa.	5/18 of client #4's behavior 3SP) dated 3/1/18 revealed this ne following behaviors: verbal al aggression and nich incorporated the use of	W 26	52	
	10/16/18 client #4 r 9:10am. Review on 10/16/16 6/23/18 revealed a 20mg. (1). Review on 10/15/16 6/29/18 and 9/27/1 client #4's BSP.	s of a medication pass on received Seroquel 20mg. (1) at 8 of his physician orders dated physician order for Seroquel 8 of the HRC minutes dated 8 revealed no discussion of 8 of the informed consent for ealed no signature from the			
	Interview on 10/16/ intellectual disabilit revealed there was discussion of client on 6/29/18 and 9/2 2. Review on 10/15 10/31/16 revealed	it it is a second to the second to the second (QIDP) in the documentation of the second in the secon			
	•	s of the medication s on 10/16/18 client #5 mg. (1.5 tablets) and Seroquel			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMPED		LE CONSTRUCTION	(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 DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
W 262	Continued From pa	ge 16	W 26	2		
W 312	client #5 receives F conjunction with the Review on 10/15/18 6/29/18 and 9/27/18 client #5's BSP. Review on 10/16/18 client #5's BSP revented for the Review on 10/16/18 client #4's BSP revented for the Review on 10/16/18 and 9/27/18. DRUG USAGE CFR(s): 483.450(e) Drugs used for confunct be used only a client's individual proposition of the beare employed. This STANDARD is Based on observatinterview, the facility for the control of incomposition of the support Plan (BSP) reduction or eliminal reduction reduc	arol of inappropriate behavior as an integral part of the ogram plan that is directed the reduction of and eventual chaviors for which the drugs on the met as evidenced by: ions, record review and y failed to ensure drugs used appropriate behaviors were egral part of the Behavior of directed towards the ed. This affected 1 of 3 audit	W 31	2		

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	0/16/2018	
NAME OF PROVIDER OR SUPPLIER NO PLACE LIKE HOME			STREET ADDRESS, CITY, STAT 4309 NC HWY 87 SOUTH FAYETTEVILLE, NC 2830	TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE DED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE	
W 312	included in her individ BSP. Review on 10/15/18 of 10/31/16 revealed this aggression, property aggression. Further moderate program. Review on 10/15/18 of 1/10/18 revealed the were not included in 100 During observations of administration pass of 1/10/18 revealed the were not included in 100 During observations of 1/10/18 revealed the were not included in 1/10/18 revealed the 1/10/1	pic medication was not dual program plan (IPP) or of client #5's BSP dated s program targeted verbal destruction and physical eview revealed there were ications listed in this of client #5's IPP dated use of Seroquel and Haldol her IPP.	W	312			
W 369	Seroquel 25mg. (1). Interview on 10/16/18 client #5 receives Ha conjunction with the i Further interview con medications are not i and BSP. DRUG ADMINISTRA CFR(s): 483.460(k)(2) The system for drug at that all drugs, including self-administered, are the system for drug at	B with the QIDP confirmed Idol and Seroquel in mplementation of her BSP. firmed the use of these ncluded in client #5's IPP TION 2) administration must assure ng those that are administered without error.	w:	369			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	1, ,	(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 DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 369	Continued From page This affected 3 of 6	ge 18 clients (#1, #4 and #5)	W 3	69			
		medications. The findings					
		nister medications as ordered cribed by the physician.					
	the qualified intelled (QIDP) administered client #4 at 9:10am:	ctual disabilities professional d the following medications to omeprazole 20 mg. (1),), Senna Plus 8.6 mg. (1).					
	6/26/18 for client #4 medications are ord	8 of the physician orders dated 4 revealed the following dered at 8am: Omeprazole 20 1 mg. (1), Senna Plus 8.6 mg.					
	the QIDP administe to client #1 at 9:20a Aspirin 81 mg. (1), I 10mg. (1), Colace 1 Lisinopril 20mg. (1),	ons in the facility on 10/16/18 red the following medications im: Seroquel 200mg. (1), Lanoxin 0/125mg. (1), Toprol 00mg (1), Cogentin 1mg. (1). Hydroxyzine 25 mg. (1). 1) drop to each eye were at 9:50am.					
	client #1 dated 6/26 medications are ord 200mg. (1), Aspirin (1), Toprol 10mg. (1 Cogentin 1mg. (1).	8 of the physician orders for 1/18 revealed the following lered at 8am: Seroquel 81 mg. (1), Lanoxin 0/125mg.), Colace 100mg (1), Lisinopril 20mg. 91), . (1) and Systane eyedrops e.					
	_	ons in the facility on 10/16/18					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION IG		(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 SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(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 ordevitamins (1), Rantidin 330mg. (1), Ferrous Source Newdexta 20/10 (1), Haldol 10mg. (1) and Interview on 10/16/18 facility policy regarding requires that medicate hour before or no later physician orders thes interview confirmed the summer of the summe	c: One a day vitamins (1), Levocarnitine 330mg. (1), g. (1), Newdexta 20/10 (1), g. (1), 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	W3	669		