PRINTED: 10/18/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF CHRECTION AND PLAN OF CORRECTION					CONSTRUCTION		CONNELED	
NO PLAN OF	CORRECTION	AMILIA I WALLEY OF THE PARTY OF				ij		
		340239	B WHO		STREET ADDRESS, CITY, STATE 7/9 CODE	10/	18/2018	
HAVE OF PR	OVIDER OR SUPPLIER	TENNET TO THE TE		1	STREET ADDRESS, GITT, STATE AT SOME			
THOMAS S	S DECATUR HOME			1	FAYETTEVILLE, NC 28303			
Carrie and		STATEMENT OF DEFICIENCIES	T ip		DOORGERS PLAN OF COSEEC	TON	(CS) CRANTLETION	
(X4) 10 Prefix 14G	market that fifth	BIATEMENT OF DEFICEDED BY TULL NOY MUST BE PRECEDED BY TULL BRISC (DENTIFYER) DIFORMATION	PREF		(EACH CORRECTIVE ACTION SHOL CROSS REFERENCED TO THE APPRI DEFICIENCY)	SPRATE	DATE	
W 249	PROGRAM IMPLE	MENTATION	W 24	9	We Will meet this standard in t	he following	g 12-16-1	
	GFR(s): 483.440(d	1)(1)			manner:	_	·	
	a	erdisciplinary team has			1) Client #2, #3, and #6 will be			
	formulated a client			to participate in family style d day program and at the group f		h ·		
	treatment progran	consisting of needed			2) All clients will be prompted	to participat	e	
	and fromtency to	services in sufficient number support the achievement of the od in the individual program			in family style dinning at both program and group home.			
	plan.		1		3) All staff will be retmined on	family etgls		
					dinning in order to encourage of		;	
					participation and not have to li		vice.	
	This STANDARD	is not met as evidenced by:				·		
	Based on observation, interviews and record				4) Staff will also be retrained on table setting			
	reviews, the facility failed to ensure each client received a continuous active treatment plan				so that it includes forks, spoons, and knives in order for clients to have all the needed eating			
	consisting of need			utensils.	necaça eatn	ng		
	lidentified in the in	idividual program plan (11717) IN			deimig.			
	the areas of self l	help skills. This affected 3 of 0			5) Staff will also be retrained to	prompt		
1	audit clients (#2,	#3, #6). The findings are:			client #6 when needed to use a	knife and fo	rk	
	1. Clients #2. #3	and #6 were not prompted to			for her food and for all other el	ients.		
	participate in fam	illy style dining.			EX All and Co., in the control of	A. # *		
1					 All staff will be retrained on Administration so that they pro 		ć.	
	During lunch obs	ervations at the day program on #2, #3 and #6 were told to line	ļ		and all other clients to participa	mpronent# de in takina	U	
1	Lun against the W	all and wait their turn before they			their medications as independen	ntly as possi	bie.	
	were allowed to	walk down a hallway and fix their						
	plate of food, fro	m serving bowls sitting on a			7) QIDP will monitor.	(\$40, pas do reserve	a con kan	
	counter.					RECEI/	/ED	
1	During dlagge of	servations in the home on	ļ		8) Nurse will retrain.	007 6 -	MAIN'	
	During dinner observations in the home on 10/15/18, staff passed all the serving dishes and					OCT 29	ZÚ18	
	pitchers of liquid prompted to pas	l. At no time were any caents			DHS	R-MH Lice	nsure Sec	
	1		1					
		iew on 10/15/18, staff reveated done "family style dining" at the						
1.4620110	PV DIRECTORS AR PRO	APPLISHED REPRESENTATIVE'S SIGNA	nigo ,	: , L	/ ne	118/1	7/18	
Deducation	Con Mit	KS i Connacció	ЮM	21	100	IV/d	1118	

Any decised statement ending with an asterick (*) denotes a deficiency which the Institution may be excused from conticting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the finkings stated above and disclosurable 60 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 is disclosurable to days following the date trees documents are made metable to the facility. If descioncies are card, an approved plan of correction is requisite to continued

program participation

Facility 10 922745

PRINTED: 10/18/2018 FORM APPROVED OMB NO. 0938-0391 [X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PEAN OF CORRECTION		(XI) PROVIDERBUPPI HEACLA IDEMIFICATION INJUIDER	V BOILDING (XX) METABLE CONSTRUCTION			COMMETED	
34G239			8.5540	The graph of the subsection of the second	1 10	0/16/2018	
	ROVIDER OR SUPPLIER S DECATUR HOME	And the second s		7659 DEC	Boress, City, State, Zip Code Atur Drive Eville, NC 28303		
(X4)10 Prefix TAG	SULVARYS	trement of delicencies And the preceded by this Trement of delicencies	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (BACH CORRECTIVE ACTIVITY SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X4) CCAS-(13)(A) (X4)6
W 249	interview revealed for done at the day proget "two separate tab revealed the clients dining with hand over the control of the	s done at the house. Further amily style dining cannot be gram because the clients eat les." Additional interview can participate in family style er hand assistance. s adaptive behavior inventory 4 stated she can passistance, and independence. on 10/16/18, the evealed client #2 will need sistance with passing food, wealed clients #3 and #6 arompted to independently and prompted to use a knife. or observations in the home on picked up her Salisbury steak with her fingers. Further led client #6's did not have k at her place setting, only a observations revealed there is and forks in a drawer in the v on 10/15/18, staff revealed se a fork. 8 of client #6's ABI dated Jses appropriate utensils for urther review revealed client #6's revealed client #6's ABI dated	W	249			

	MATEMENT OF DEFICIENCIES (XI) PROVICE USUPPLIENCE IN		(12) MULTIPLE CO	(X3) DATE SURVEY	
and play of correction		IDENTIFICATION NUMBER	A BUILDING	COMPLETED	
	34G239		0 9990	all to a first the major although grown from the first to the constraint of the first	10/16/2018
Andrew A. C.	OVOER OR SUFFRICE	24024	STR	ELADORESS, CHY, STATE 2P CODE	A CONTRACTOR OF THE PROPERTY O
	•		7559	DECATUR DRIVE	•
THOMAS S	DECATUR HOME		FAY	ETTEVILLE, NC 28303	
(X4)ID PRETIX TAG	ARACH BEFICIÉ	Statement of Deficiencies NCY must be preceded by full Drisc identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROPR DEFICIENCY)	BE COMMERCY
W 249	Continued From pa	age 2			
	have been prompti up her Salisbury st	ed to use a knife and fork to cut loak.		·	
	3. Client #6 was n during medication	ot given allowed independence administration.			
	10/16/18, the med client #6 her pills of During two meal of Independently fed observations reve	edication administration on ication technician spoon fed on 2 separate occasions. bservations client #8 hersolf food. Further aled client #6 did not need any left to feed hersolf.			
	lochnician stated.	w on 10/16/18, the medication "I was making sure she got the "I drop the medicine."			
	Review on 10/15/ 9/7/18 revealed, " hold spoon/fork to	18 of client #6's IPP dated does eat independentlycan eat."			
	Review on 10/16/ 10/31/14 stated, " spillage."	18 of client #6's ABI dated Eats with spoon with minimal			
	staff confirmed cl	sv on 10/16/18, management lent #6 should have been herself during medication			
W 288		PROPRIATE GLIENT	W 288	We will meet this standard in the fi manner:	ollowing 12-16-1
	Techniques to M	unage inappropriate client ever be used as a substitute for		The facility will implement a go address the PICA behavior of clien that her personal items are not kept lock and key.	it #4 so

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 34G239		TAY IL PROVIDERISUPPLIERCAIA	A BUILDING	ONSTRUCTION .	COMPI (x3) DVIE 8	
			on the standard control of the contr	10/1	6/2018	
	OVIDER OR SUPPLIER DECATUR HOME	The second secon	755	GETADORESS, CITY, STATE, ZIP CODE 9 DECATUR DRIVE YETTEVILLE, NC 28303	ng ji Walangan ping pada di Dogo Ting	
(X4)!D PREFIX TAG	and Anderson Company of the	iatement of deficiencies Dy rust be preceded by full LGC identifying the ormation	iÓ PREFIX TAG	PROVIDER'S PLAN OF CORRECT LEACH CORRECTIVE ACTION SHOU CROSS-RETERENCED TO THE APPR DETICENCY)	LODE I	COMPRESSON COMPRESSON
₩ 288	This STANDARD is Based on observalinterviews, the facilito address the Inappaudit clients (#4) we treatment plan. The A technique to man During afternoon of 10/15/18, staff used where the washing located. Further observed the contain During an immediations belonged to revealed client #4 hyg'ene items are in the home for alm personal hygiene illocked up." Review on 10/16/1 ind.cate her personal clients. During an interview staff revealed the tockin items.	not met as evidenced by: ons, record review and ly failed to ensure a technique propriate behaviors of 1 of 6 is included in an active	W 288	2). Staff will be retrained on this avoid locking up the personal hy of client #4. 3) QIDP will monitor.		
W 38	up. DRUG STORAGE CFR(s): 483.460(EAND RECORDKEEPING ()(2)	W 38	3	المستسبب المستقبلة المستقب	5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	A BULDERS			E BURVEY PLETED
		34G239	8. WWG _		general and the second state of the second s	10	/16/2018
	ROVIDER ON SUPPLIER S DECATUR HOME			75	RFET ABBRESS, CITY, STATE, ZIP COXE \$9 DECATUR BRIVE LYETTEVILLE, NC 28303		
(X4) 10 PREFIX YAG	PACHOSFICIE	Statement of Deficiencies NCY Must be Preceded by Full OR USC IDENTIFYING WEORMATION	PREFIC TAG	X	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	98 (CYTE COAMEIXAT (X?)
W 383	Only authorized per keys to the drug state on observation interviews, the facility accessible to anyour During afternoon of 10/15/18, the survey approximately 3:40 revealed a set of kind the kitchen. At a person picked up to the laundry room. During an immediation from the key ring. From the key ring. From dication technical should have been review on 10/16/1 medication policy staff person who is documentation should an interview on the review of the key ring. Staff person who is documentation should have been redication closely.	ersons may have access to the orage area. Is not met as evidenced by: alions, record review and lity failed to ensure only is have access to keys to the The finding is: Is drug storage area were are in the home. Observations in the home on eyor entered the home at Opm. Further observations (eys were laying on the counter approximately 4:30pm a staff lite keys to unlock the door to be at a literal to the medication closet were urther interview she was the clan for the shift and the keys kept on her person at all times. Is of the facility's storage of (no date) stated, "10. The is responsible for medication ould have possession of the leabinet key"		383	namental para de la faction de la companya de la la companya de la companya de la companya de la companya de l La companya de la co	rson at	12-16-18
	trained to keep the themselves at all t	a medication keys on imes.					

STATEMENT OF DEFICENCIES AND PLANOF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA (DEMTHICATION BUILDINGER	4 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G239	9 WEIG	A more to the contract of the second of the	10/	16/2018
	ROWDER CR SUPPLIER S DECATUR HOME	. LUNG SERVICE	осилостой Майлай Кайарара тэр уурааны даарара	STREET ALBRESS, CHY, STATE, 21P CODE 7669 DECATUR DRIVE FAYETTEVILLE, NC 28303	240:19,800 Pet million	Live in construct
(X4) ID PREFIX TAG	(EACH DEFICIENT	IATEMENT OF DEFICIENCIES BY MOST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID FREFIX YAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	Drig Centificat (x2)
W 436 W 438	SPACE AND EQUIP CFR(s): 483.470(g)(3 The facility must furn and teach clients to u choices about the us hearing and other co and other devices ide interdisciplinary team This STANDARD is Based on observatio interviews, the facility recommended equip	MENT 2) Ish, maintain in good repair, page and to make informed e of dentures, eyeglasses, mmunications aids, braces, antified by the nas needed by the client entitle of the client entitle entit	W 43 W 43	· 1	g eye glasses goal for	12-16-18
	finding is: Client #5 was not prooyeglasses During observations from 3:40pm until 6:1 TV, playing the board dinner. At no time with wear her eyeglasses During observations from 6:45am until 9:0 prompted to wear her eyealed client #5 sh when she is reading up close.	in the home on 10/15/18 5pm, client #5 was watching I game Sorry and eating as client #5 prompted to in the home on 10/16/18 00am, client #5 was not r cyeglasses. on 10/16/18, staff (1) ould wear her cyeglasses and needing to see anything				
	During an interview of rovealed client #5 sh	on 10/16/18, staff (2) ould have been prompted to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDEH DEICATION NUMBER:	FIGUREAU CAN CARLERA.		ATHE CONSTRUCTION DING WILLIAM TO THE STREET THE STREE		reico Scyner
		34G239	0. WINO	era barabet	white many latered to have a manifest of programming the same access	10/	16/2018
	ROYDER OR SUPPLIER S DECATUR HOME			75	REET AJDRESS, CITY, STATE JAP COTE 359 DECATUR DRIVE AYET TEVILLE, NC 28303	as Security and Associated Security Sec	
(X4) ID PREFIX YAG	(EACH DEFICENC)	ATEMENT OF DEFICIENCIËS Y MUST BE PRECEDED BY FOLL LEO IDCHTIFYING BIFORMATION	ID PREF TAG		Frovidents Flam of Correction (Each Corrective action should e Cross-referenced to the appropri Depolency)	再	DYIC CONSTELEN (X4)
W 441	wear her eyeglasses board game Sorry. Review on 10/16/18 of 1/5/18 indicated, "c. During an interview of staff confirmed client eyeglasses on; she in Further Interview reve of eyeglasses; one propriate is kept at the day EVACUATION DRILL CFR(s): 483.470(i)(1). The facility must hold varied conditions. This STANDARD is a Based on review of the facility falled to enwere conducted at vacilients residing in the Fire drills were not confirmed from the following: Ten fire drills on 3rd of the facility of 1/10 or 1/10 o	while she was playing the of client #5's eye exam dated ontinue wearing glasses." In 10/16/18, management #5 should have had her needs them on all the time ealed client #5 has two pairs air at home and the other program. I evacuation drills under not met as evidenced by: fire drill reports and interview, insure fire evacuation drills inded times. This affected all inhome. The finding is: producted at varied times.		436		g lire	12-16-18
	6:10am, 6:10am, 6:0 During an interview o Intellectual disablitie rovealed 3rd shift hor	on 10/15/18, the qualified s professional (QIDP)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER: CUPPLIERUCI IA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		34G239	p wate*****	ann ann ann an Leine Boll ann an Margaga (1994) (1977) (1974) (1974)	10/16/2018	
	rovider or supplier S Decatur Home		7	TREET ADORESS, CHY, STATE 22º CODE 859 DECATUR DRIVE AYETTEVILLE, NC 28303	active and the second s	
(X4) 10 Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIOENTIFYING INFORMATION	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	northern 330	
Wdat	Continued From page	27	W441			
W 455	shift were not varied. INFECTION CONTRO CFR(s): 483.470(I)(1)		W455	We will meet this standard by:	12-16-18	
	There must be an act prevention, control, as and communicable di	nd investigation of infection		Implement a goal for client #1 on washing/cleaning to help ensure infecontrol.		
	Based on observation falled to ensure infect procedures were carri	not met as evidenced by: ns and interviews, the facility ion control prevention fed out. This potentially iding in the facility. The		2) We will retrain staff on infection procedures for client #1 and all clien 3) Nurse will monitor.	control ats.	
		taken to promote client ssible cross-contamination.			The second secon	
	10/15/18, client #1 was of gum while playing the 4:22pm, client #1 was out of his mouth and a touching the cards for Further observations in gum out of his mouth fingers at 4:46pm. Addrevealed staff sitting was can't play with it, gotta other clients also play also touching the card prompted to wash his.	with client #1 telling him "You a chew it." There were two ing Sorry and they were ls. At no time was client #1 hands. 1 10/15/18, staff confirmed washed his hands each		!		

Statement of Deficiencies And Plan of Correction		(XI) PROVIDER/SUPPLIERICUM IDENTIFICATION RUMBER:		Tiple Construction Ing	(X3) DAYE	(X3) DAYE SURVEY COMPLEYED	
		34G239	6 was	er legis kirk kapan kirang kanan	10/	16/2018	
	ROVIDER ON SUPPLIER S DECATUR HOME	Manuals 21 EF SETTLE CONTROL C	demonstrative and the second second	STREET ADDRESS, CITY, STATE, 2 7569 DECATUR DRIVE FAYETTEVILLE, NC 28303	P COD€	10/2010	
(X4)ID Prefix Yag	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LGC IOBMTFYING BY ORMATION)	(II PRETI CAT		ACTION SHOULD DE TO THE APPROPRIATE	Ovie Constain Est	
W455	During an interview omanagement staff or	on 10/15/18, the onfirmed client #1 should I to wash his hands when he	W	455			
The second secon			e series de la companya de la compa				
respirator a constitutiva del	1200	n de de la companya d					